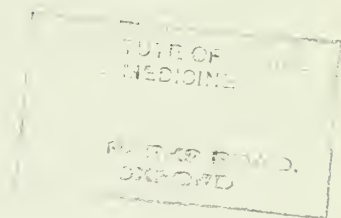


Glamorgan County Council.



REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1950.

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MEDICAL OFFICER OF HEALTH.

CARDIFF:
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Glamorgan County Council.

To the Chairman and Members of the Health Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour of presenting the Annual Report on the Health and Sanitary circumstances of the County for 1950.

The estimated population was 737,890, an increase on 1949 of just over 7,000. A comparison of the population figures given in the 1951 Census Return with those for 1931 shows, however, a decrease in the population of the County of almost 30,000, of which 27,745 were males. It is interesting to note that there has been a shift in population from the mining valleys—the decrease in the Rhondda Urban District Council alone being 30,000—to the new industrial areas, e.g. Port Talbot, Bridgend, and Penybont, the largest increase, however (8,437) being in the Cowbridge Rural District.

The crude death rate for the Administrative County of 12·79 per 1,000 estimated civilian population was higher than that of 1949, while the figure for England and Wales was 11·6.

The main causes of death were heart disease, cancer, intra cranial vascular lesions, and bronchitis, chiefly, of course, in persons over 65 years of age, 59·4% being over 65 as compared with 56·8 in 1949. With the advances which have been made in medicine the expectation of life is greater, 32·5% of the deaths being over 75 years of age, so that no longer is it true to say that the allotted span of man's life is three score years and ten.

The reasons for the increase in cancer deaths were commented upon in last year's Report. The steady increase in cancer of the lung and bronchus is a matter of concern, and a separate category for this condition is included for the first time. Research workers in America have shown that the heavy smoker is more prone to develop this condition. Do the fumes from the heavy traffic of modern times add their quota to the number of victims of this disease?

The birth rate declined from 17·1 to 16·15 per 1,000 population. This reduction in the birth rate is an indication of the modern trend to family limitation, the reasons for which are fully dealt with in the Report of the Royal Commission on Population.

One hundred years ago the average size family of married women was 5·71 as compared with just over 2 in 1930. Much has been written about the disadvantages of the one child family, both for child and parent, and some change in attitude has been taking place, but the influences encouraging larger families, such as increased employment and higher wages, are offset by other influences leading to family limitation. The lowest birth rate recorded in the County was in 1938, and if the present fall continues next year the rate will have dropped to near this figure.

It is pleasing to note that the infant mortality rate is the lowest yet recorded in the County, namely, 18 per 1,000 births, but even so this is much higher than that for England and Wales, which is 29·8. Determined efforts are being made to bring about an improvement and the measures taken in the care of premature babies, commented on in my report, have already helped considerably in reducing the deaths in the first month of life. This neonatal mortality accounts for 23·91 per 1,000 of the live births. There are still some black spots in the County on which our efforts are being concentrated. The maternal mortality rate of 1·80 per 1,000 live and still births increased from 1·40 in 1949.

The Assistant Medical Officers and Health Visitors spend a large proportion of their time in the care of mothers and young children, and their continued efforts have resulted in an improvement in the standard of child care and in the health of both groups. It is important that a high standard should be maintained and this can only be done by the recruitment of well-trained officers. This is one of our major difficulties. It was anticipated that with a curtailment of the number of medical officers of Registrar grade in the hospital service, suitable applicants would be forthcoming, but it would appear that they hesitate to enter local authority service as the prospects of advancement are not considered to be bright, and the fear that the Maternity and Child Welfare services of health authorities may be later integrated under the Regional Hospital Boards, thus removing most of the clinical responsibilities. Such a transfer, if contemplated, would not, in my opinion, be for the better, as the preventive outlook would give way to the curative on which too much emphasis is already placed.

The report deals at some length with the Part III services for which the Health Committee is now responsible. In brief, the main points of interest in the Nursing Services are the continued increase in the work of the Home Nurses, who dealt with 3,360 more cases, involving an increase of 52,253 visits over the previous year, and the decrease on the midwifery side of 541 in the number of domiciliary births due entirely to the decrease in the number of births, but in the main to the continued increase in the number of hospital confinements, 56% in 1950 compared with 52% in 1949. The establishment of midwives has, in consequence, by the rearrangement of areas been reduced by five.

The Ambulance Service covered 1,623,058 miles last year, an increase of 213,414 miles, and carried 11,538 patients. This imposed a very heavy task on the personnel, who responded well to the demands made upon them. While occasional criticism is made and is sometimes justifiable, unwarranted complaints are also made by persons who are ill-informed of the arrangements under which the Service operates and are unaware of the difficulties met in coping with a demand for transport, often for patients who could have travelled by other means.

For the second year in succession there were no deaths from diphtheria. This must not, however, give rise to any relaxation in immunisation against this disease. The increased incidence of poliomyelitis—11 cases—almost twice the number in 1949, accounted for some reduction in the immunisation carried out during the year, few being done during the peak incidence period.

Having failed to fill the vacancy for a Senior Medical Officer in charge of the Mental Health Services, Mr R. T. Bevan, my deputy, who has given me excellent support during the year, has undertaken the work. The continued shortage of institutional accommodation for mental defectives has been the major problem and he has visited all cases requiring urgent admission and drawn up a priority list, thus ensuring that the most deserving cases are given the vacancies allotted by the Regional Hospital Board.

Five examples of cases on the priority list are given in the report.

The work of the department and divisions has proceeded smoothly due to the support I have received from all members of the staff, for which I thank them. The only major change was the resignation of Dr. McKim Thomas as Divisional Medical Officer to the South-East Glamorgan Division. Dr. D. Trevor Thomas was appointed to succeed him.

Mr. I. G. Millward, my Senior Administrative Officer, was appointed Chairman of the National Association of Public Health Lay Administrative Officers for England and Wales for 1950, an honour well deserved.

In conclusion, I wish to thank the Chairman and members of the Health Committee for their interest and co-operation and for the sympathetic consideration they have given to the many and varied administrative problems affecting the work of the department.

I am,

Your obedient servant,

W. E. THOMAS,

County Medical Officer.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
CARDIFF.

August, 1951.

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NATIONAL HEALTH SERVICE ACT, 1946.

SECTION 21.—HEALTH CENTRES.

The provision of Health Centres involves long-term planning ; little real progress can be made owing to building difficulties, and experiments as to the most suitable form must be undertaken. Divisional Health Committees have made recommendations for the siting of Health Centres in their respective divisions, as it is essential that suitable sites must be available when the time is ripe for development. The County Planning Officer has considered these, and in some cases made alternative suggestions, but by the end of the year no sites had been acquired and guidance from the Ministry of Health on the construction and accommodation of Health Centres was still awaited. At the risk of being thought pessimistic, I do not think that we shall see in Glamorgan for many years Health Centres of the type envisaged by the Act. Their establishment requires the interest and co-operation of so many parties that considerable difficulties will have to be solved before Health Centres, even on experimental lines, can be established. One of the principal difficulties which authorities are likely to encounter in their proposals to provide Health Centres is the reluctance of general practitioners, long accustomed to working from their own surgeries, to agree to use Health Centre premises. Unless there is an assurance that such premises, which will be costly to build, adapt or equip, will be fully used by local medical practitioners, it is unlikely that the Ministry of Health will sanction proposals for the smallest type of Health Centre. In the meantime, in those areas where Health Centres are contemplated, it would be desirable in building clinics to allow for their possible extension.

SECTION 22.—CARE OF MOTHERS AND YOUNG CHILDREN.

The general standard of care for the mother and young child has continued to improve. The provision of clinics within easy access of all those who wish to attend has been accomplished, although many of the premises used are not all that one could desire. Despite this handicap, the work done has proved of the greatest value, and is appreciated by the mothers. The Clinic Medical Officer and the Health Visitor are always ready to advise on the many problems which confront mothers in the bringing up of their children. In the clinic the Health Visitor, provided she has the time (and this is not always the case because of staff shortages) has the opportunity of advising on health education, and progress has been made with group talks and the showing of films on health topics. Home visits also enable the Health Visitor to give valuable information, and while first visits to infants are made as soon as it can be arranged after the fourteenth day following birth, it is often impossible to make subsequent visits as frequently as one could wish.

In most Infant Welfare Clinics proprietary brands of milk foods are available for sale at a special clinic rate as well as national dried milk and orange juice. The opportunity of obtaining these products is welcomed by the mothers.

While proprietary milk foods have their place in infant feeding, breast feeding must be the aim if this can be done, and this has been emphasised to the clinic staff.

The total number of ante-natal patients who first attended the clinics was 9,202 or 75 per cent of the total births, and 11,404 infants attended for the first time during the year.

At the end of the year there were in operation 147 infant welfare centres, 80 ante-natal clinics, and six post-natal clinics. Additional clinic sessions were held in most of the Health Divisions during the year.

The advantage of one Authority being responsible for the Domiciliary Midwifery and Clinic Services is already shown by the utilisation of the Midwives in the Ante-Natal Clinics, where they are not only able to see their own cases and consult the Medical Officer regarding them, but also give welcome assistance to the Health Visiting staff, which has been below strength in all divisions.

The following extracts from reports of Divisional Medical Officers on the Care of Mothers and Young Children are of interest :—

Caerphilly and Gelligaer Health Division. (Dr. E. C. Powell.)

"Attendances at Ante-Natal Clinics have, contrary to expectations, been well maintained and have actually in fact shown a slight increase in the combined total for all clinics in the Division. A few clinics, however, have shown a marked decline. The decline, which is confined to the Caerphilly Area, can, I think be attributed partly to the increased interest of some of the general practitioners who are conducting special ante-natal clinics in their own surgeries and partly to the opening of the Maternity Unit at the Caerphilly District Miners' Hospital in February, 1950, where a weekly ante-natal clinic is held for booked cases.

Against this can be set increasing attendances at other clinics, particularly at Tredomen and Nelson.

The position at Nelson, with its large new housing project, is such that extra clinic sessions may be needed in the near future."

Mid-Glamorgan Health Division. (Dr. Kathleen Davies.)

"For many years the mothers attending the clinics have been told of the benefit resulting in ante-natal and post-natal exercises, and have been given leaflets explaining these exercises. During the past year films demonstrating the exercises have been shown in some of the clinics, and have been greatly appreciated by the mothers, several of whom have asked whether it would be possible to have classes of instruction.

The arrangements made with the Bridgend General Hospital whereby the booking of maternity beds is done through the Divisional Office, has continued to work smoothly throughout the year.

Infant Welfare Work.—There has been a decrease in the attendance of children at these clinics, which, in my opinion, is due in no small measure to the shortage of health visitors ; of an establishment of 21, there are only 13, and as a result it is possible only for the normal routine visits to be made to children under the age of three months—visits to children over three months, instead of being carried out every three months, are made only at very long intervals.

Clinics.—Child Welfare work is still being done under great difficulties at Porthcawl, Caerau, Nantyllyon, Bryncoch, and Cefn Cribbwr, due to the unsuitability of the hired premises."

West Glamorgan Health Division. (Dr. G. E. Donovan.)

"*Post-natal Clinics.*—There has been an increase in the numbers of mothers who return to the Ante-Natal clinics for post-natal examinations, and this service is being strongly encouraged. No post-natal clinics have yet been established.

Infant Welfare Clinics.—The attendances at the 18 Infant Welfare Clinics are very encouraging, and 92 per cent of the number of children born during the year attended the clinics. Although the premises are far from satisfactory, the continued large attendance says much for the good work of the staff engaged.

Sale of Welfare foods.—The sales of Welfare foods are slightly lower than during previous periods, but the sales amounted to £1,894 19s. 5½d. during the year in Llŵchwr and Gower Areas. In the Pontardawe Area the sales of Welfare foods still remains the work of the Voluntary Committee in each clinic.

No application was made during the year for the supply of free Welfare foods in this Division.”

Rhondda Health Division. (Dr. D. J. Thomas.)

“The attendance of expectant mothers at the ante-natal clinics was fairly well maintained ; approximately 77 per cent of the expectant mothers attended as compared with 82 per cent in the previous year.

As regards the Midwifery Service the average number of domiciliary confinements per midwife attended by the Authority’s midwives was 52, and gas and air analgesia was administered in 59 per cent of the domiciliary cases ; the corresponding figures for 1949 were 49 and 53·3 respectively.

Approximately 50 per cent of the births occurred in hospitals, the corresponding proportion in the previous year being 44·5 per cent.

The attendance of babies at the welfare clinics showed a slight diminution ; approximately 85 per cent of children under one year old attended the clinics during 1950 as compared with 93 per cent in the previous year.

The inwardly transferable deaths for the last quarter of the year have not yet been received, but there are indications that there has been an increase in the infantile mortality in 1950, and that there have been five maternal deaths as compared with none in the previous year.

The records for 1950 are not as favourable as for 1949 though there was no relaxation in the services provided by the Authority. In the latter half of the year the climatic conditions were not as favourable as in 1949, there being few sunny days, a heavy rainfall, and a considerable drop in the average temperature. The information available indicates that expectant and nursing mothers have not taken full advantage of the Welfare foods available from the Ministry of Food and it is probable that better results would be obtained if these foods, especially the vitamin supplements, which have an influence in reducing prematurity, stillbirths, and neo-natal mortality, were distributed entirely through the services provided by the Authority. It is probable that the more intensive domiciliary ante-natal supervision either by the health visitors or midwives, of expectant mothers due to be confined in hospitals, would also have a beneficial effect in reducing the premature and stillbirth rates.”

Young Children during the year :—

[illegible]

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncoerrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
No. of cases of Ophthalmia notified in which—										
(a) Vision was unimpaired	—	1	1	—	2	1	1	—	2	8
(b) Vision was impaired	—	—	—	—	—	—	—	—	—	—
(c) Vision was lost	—	—	—	—	—	—	—	—	—	—
(d) The patient died	—	—	—	—	—	—	—	—	—	—
(e) The patient was still under treatment at end of the year	—	—	—	—	—	—	—	—	—	—
(f) The patient removed from the district ..	—	—	—	—	—	—	—	—	—	—
Total	—	1	1	—	2	1	1	—	2	8
<i>Pemphigus Neonatorum.</i>										
No. of cases notified { Domiciliary	—	—	—	—	—	—	—	2	—	2
.. .. . { Institutional	—	2	—	—	—	—	—	—	—	2
<i>Puerperal Pyrexia.</i>										
No. of cases notified { Domiciliary	1	—	3	1	2	2	1	9	4	23
.. .. . { Institutional	1	—	—	—	2	—	3	4	1	11
MATERNAL DEATHS.										
(a) No. of women attended in the area whose deaths were ascribed to pregnancy or childbirth										
(i) From sepsis { Attended at home ..	—	1	—	—	—	—	—	—	—	1
{ Attended in nursing homes	—	—	—	—	—	—	—	—	—	—
(ii) From other causes { Attended at home ..	—	3	—	1	—	—	1	1	4	10
{ Attended in nursing homes	—	—	—	—	—	—	—	—	—	—
(b) No. of women who died—										
(i) At home	—	—	—	—	—	—	1	1	2	4
(ii) In nursing homes	—	—	—	—	—	—	—	—	—	—
(iii) After removal to a hospital	—	4	—	1	—	—	—	—	2	7

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
ANTE-NATAL AND POST-NATAL CLINICS.										
(a) No. of clinics provided at the end of the year .. { Ante-natal clinics Post-natal clinics	6 —	15 1	18 —	5 —	7 —	8 —	10 5	5 —	6 —	80 6
(b) No. of sessions held per month at clinics included in (a) { Ante-natal clinics Post-natal clinics	20 —	29 1	44 —	18 —	32 —	22 —	29 22	20 —	40 —	254 23
(c) No. of women who attended during the year .. { Ante-natal clinics Post-natal clinics*	613 31 (31)	1,758 198 (103)	1,597 255 (255)	1,296 75 (75)	1,427 84 (84)	1,022 115 (115)	1,895 258 (24)	758 28 (28)	1,941 1,219 (1,219)	12,307 2,263 (1,934)
(d) No. of new cases included in (c), i.e. for A.N. clinics women who had <i>not</i> previously attended any clinic during current pregnancy and for P.N. clinics women who had <i>not</i> previously attended any P.N. clinic after last confinement { Ante-natal clinics Post-natal clinics*	528 31 (31)	1,373 173 (90)	1,250 236 (236)	1,015 75 (75)	1,113 78 (78)	768 104 (104)	1,081 143 (24)	599 28 (28)	1,475 1,219 (1,219)	9,202 2,087 (1,885)
(e) Total No. of attendances made by women included in (c) .. { Ante-natal clinics Post-natal clinics*	2,650 32 (32)	5,683 243 (111)	6,446 260 (260)	5,222 87 (87)	6,869 94 (94)	3,775 115 (115)	5,234 413 (31)	4,397 45 (45)	9,104 1,219 (1,219)	49,380 2,508 (1,994)
* Women post-natally examined at ante-natal clinics are included and also shown in brackets.										
INFANT WELFARE CENTRES.										
(a) No. of centres provided	7	23	29	12	12	13	27	18	6	147
(b) No. of sessions held per month at centres in (a)	30	51	96	30	34	30	72	44	76	463
(c) No. of children who attended centres during the year	2,055	3,538	4,384	2,780	2,959	2,152	3,557	2,295	3,629	27,349
(d) No. of children who first attended the centres during the year and who on the date of their first attendance were { under 1 year over 1 year	851 111	1,339 114	1,444 86	1,093 205	1,037 106	803 40	1,437 177	921 37	1,556 47	10,481 923
(e) No. of children in (c) who at the end of the year were { under 1 year over 1 year	730 1,325	1,416 2,063	1,311 3,073	1,022 1,758	972 1,987	758 498	1,206 2,215	780 1,415	1,364 2,265	9,559 16,599
(f) Total No. of attendances made by children in (c) during the year { under 1 year over 1 year	7,547 2,128	14,957 5,165	20,450 12,529	13,758 5,374	11,716 4,742	9,279 3,492	19,703 8,675	11,626 7,075	15,167 3,708	124,203 52,888

DENTAL SERVICE.

The following report on the dental treatment of mothers and young children has been contributed by Mr. John Young, L.D.S., Senior Dental Officer, and reveals that, despite another difficult year, every effort has been made to maintain a service as adequate as circumstances would allow :—

“Our staffing position remains poor, since we are so very much below establishment, but numerically there was not much difference between 1949 and 1950 in our strength except that we lost the services of two part-time officers in 1950.

Bearing this in mind, the treatment figures for 1950 compare very favourably with those of 1949 ; in fact, in some of the more fortunate divisions there is a marked improvement, especially in the care of the pre-school age children.

1,058 expectant and nursing mothers were referred from our M. and C. W. centres to our dental clinics, and out of this figure 1,046 were found to require treatment, 966 were actually treated, and 465 were rendered dentally fit as compared with 909 actually treated and 488 made dentally fit in 1949. As already explained in previous reports, the fact that only approximately 44·4 per cent were rendered dentally fit is due to the difficulty of completing the treatment of an expectant mother as the date of her confinement approaches, and later the demands of nursing the child frequently interfere with the nursing mother's attendances. The number of teeth extracted for expectant and nursing mothers was 2,348 ; 664 administrations of nitrous oxide and oxygen were given for this group of patients. 402 fillings were inserted. Other forms of treatment found to be necessary, such as scalings, gum treatments, silver nitrate applications, and dressings, amounted to 317 items, and 190 dentures were supplied to patients.

As far as the pre-school age children are concerned, the principal items show quite a considerable increase over 1949. Of the 1,132 pre-school age children referred, 985 were found to require treatment, 923 were actually treated and 781 were made dentally fit. 2,583 teeth were extracted and 118 fillings were inserted. The figure for fillings is much lower than last year's, but emergency needs have been so pressing that all too frequently we have had to abandon some of our ideals which are the conservation of the primary dentition wherever possible. Other forms of treatment, such as scalings, gum treatments, dressings, and silver nitrate treatment, have a total of 88, and for this class 1,261 nitrous oxide and oxygen administrations ; in fact, for both classes a total of 1,925 administrations were given—a rise of nearly 100 over the previous year's figure.

The position in the Neath Division is very much improved, since during the year under review the proposed transfers at Seven Sisters and Glynneath have been effected, Walton gas apparatus has been installed and it is now possible, with an improvement in staff, to give complete treatment for school children, pre-school children, and expectant and nursing mothers at these clinics. This Division's position will be further improved next year with Cefn Parc functioning in like manner.

Modifications at other clinics also are under consideration, and the new clinic at Whitchurch is approaching completion. This will have very much improved facilities over the present premises if at the same time we can secure additional officers for our needs.

It will be observed that in several divisions there is a preponderance of pre-school age children over expectant and nursing mothers. This can partly be explained by the fact that the adult members of the priority classes are able to secure appointments with private practitioners albeit sometimes having to wait, but mothers frequently, in fact, generally find private practitioners reluctant to treat the pre-school age group, and therefore our services are sought on their behalf.

the better control of dental disease.

dentistry the excellent health education efforts now made by clinic Medical Officers and Health Visitors."

Care of Mothers and Young Children during the year :—

[illegible]

CARE OF PREMATURE BABIES.

In my Annual Report for last year mention was made of the introduction of a scheme for the care of the premature baby. Prematurity being the most important single cause of infant death, it was considered that the treatment of the premature infant should have priority of consideration. With this in view a cot was specially designed and selected midwives were given special training.

The scheme has now been in operation a little more than a year but there is already some statistical evidence showing a saving in infant life; for instance, whereas in 1949 out of a total of 259 premature babies nursed entirely at home, 18.15 per cent died; in 1950 out of 197 such babies nursed at home only 9.64 per cent died.

The saving of life may be better illustrated in the following table:—

Premature babies nursed entirely at home.

Year.	Total number.	Number who died during first month.	% died.
1949	259	47	18.15
1950	197	19	9.64

If the death rate in 1950 had been the same as that in 1949, then there would have been 38 deaths. So it may be argued that 19 lives were saved. There are a number of factors which may have been partly responsible for this very marked improvement and it is suggested that the introduction of the special arrangements in this County are not insignificant.

The baby's chance of survival is related to its birth weight, and here again comparison of 1949 and 1950 is of interest.

Premature babies nursed at home.

Birth weight.	Under 3 lb.			3-4 lb.			4-5½ lb.		
	Total No.	No. died.	% died.	Total No.	No. died.	% died.	Total No.	No. died.	% died.
1949	18	17	94.44	29	14	48.28	212	16	7.55
1950	8	8	100.00	17	6	35.29	172	5	2.91

It will be seen from the above table that the chances of survival of all babies over 3 lb. at birth have noticeably increased. The general improvement in the statistics in 1950 is therefore not due to a significant change in the proportion of babies in the different weight groups.

In 1950 more babies were sent to hospital after birth than in 1949, and in order to review the complete picture the following table has been prepared:—

PREMATURE INFANTS—FIGURES OF SURVIVAL UP TO 28 DAYS.
1949.

Birth weight.	Born and nursed entirely at home.					Percentage deaths to prems. born and nursed at home.
	Died first 24 hours.	Died 2nd to 7th day.	Died 8th to 28th day.	Survived 28 days.	Total.	
Under 3 lb.	15	2	—	1	18	94.44
3-4 lb.	8	4	2	15	29	48.28
4-5½ lb.	10	6	—	196	212	7.55
Total	33	12	2	212	259	18.15

Birth weight.	Born at home and transferred to hospital.						Percentage deaths to all prems. born at home.
	Died first 24 hours.	Died 2nd to 7th day.	Died 8th to 28th day.	Survived 28 days.	Total.	Percentage deaths to prems. born at home and transferred.	
Under 3 lb.	4	3	—	3	10	70.00	85.71
3-4 lb.	2	5	1	10	18	44.44	46.81
4-5½ lb.	3	3	—	17	23	26.09	9.36
Total	9	11	1	30	51	41.18	21.93

1950.

Birth weight.	Born and nursed entirely at home.					Percentage deaths to prems. born and nursed at home.
	Died first 24 hours.	Died 2nd to 7th day.	Died 8th to 28th day.	Survived 28 days.	Total.	
Under 3 lb.	6	2	—	—	8	100
3-4 lb.	4	1	1	11	17	35.29
4-5½ lb.	2	3	—	167	172	2.91
Total	12	6	1	178	197	9.64

Birth weight.	Born at home and transferred to hospital.						Percentage deaths to all prems. born at home.
	Died first 24 hours.	Died 2nd to 7th day.	Died 8th to 28th day.	Survived 28 days.	Total.	Percentage deaths to prems. born at home and transferred.	
Under 3 lb.	5	6	—	4	15	73.33	82.61
3-4 lb.	4	7	—	14	25	44.00	40.48
4-5½ lb.	3	2	3	23	31	25.81	6.48
Total	12	15	3	41	71	42.25	18.28

This table illustrates that wherever possible the under 3 lb. baby should be admitted to hospital as the necessary facilities cannot be provided in the ordinary home.

The figures for the heavier premature babies show better figures on the district than in hospital but this does not of necessity imply that home conditions are the most suitable since it is quite possible that those babies sent to hospital were not so physically fit as those who were retained at home.

It is pleasing to know that the hospitals in the County of Glamorgan have, of late, taken an added interest in premature babies, and there is no doubt of the excellent work which has been done in those hospitals which have special premature baby units.

The statistics as a whole show that premature babies can be adequately cared for at home and it is very gratifying to acknowledge the enthusiasm with which the midwives have accepted the challenge to reduce deaths due to prematurity. It is not only the midwives who have up to the present had the special training who should be congratulated, but also the whole midwifery service working together as a team.

CLINIC ARRANGEMENTS.

During the year it was found necessary, as the result of increased attendances at certain clinics and other local factors, to amend certain of the arrangements made for the holding of clinic sessions.

A list of the variations which were made is given below :—

Health Division.	Area served.	Location of Clinic premises.	Type and frequency of Sessions now held.	Remarks.
Aberdare and Mountain Ash	Hirwaun ..	Bethel Methodist Church Vestry, Hirwaun	Ante-natal : Tuesday mornings fortnightly	
			Infant Welfare : Tuesday afternoons fortnightly	New clinic.
	Cwmaman ..	Godreaman Unemployed Social Club	Ante-natal : Thursday mornings fortnightly	New clinic.
			Infant Welfare : Thursday afternoons weekly	
Caerphilly and Gelligaer	Nelson ..	Social Centre, Nelson ..	Ante-natal : Second and fourth Thursday mornings in month	Formerly held at Peniel Vestry.
			Infant Welfare : Second and fourth Thursday afternoons in month	
	Taffs Well and Glanllyn	St. Mary's Church Hall, Glanllyn	Ante-natal : Third Thursday morning in month	Formerly held at 25, Cardiff Road, Taffs Well.
			Infant Welfare : Third Thursday afternoon in month	
Mid-Glamorgan	Bettws ..	Church Hall, Bettws ..	Infant Welfare : Thursday mornings fortnightly	Formerly held at Sardis Baptist Chapel Vestry, Bettws.
	Nantymoel ..	M. and C.W. Clinic, Glanrhyd	Infant Welfare : Wednesdays fortnightly	Formerly held at Horeb Vestry, Nantymoel.
	Kenfig Hill ..	M. and C.W. Clinic, Waunbant Road, Kenfig Hill	Ante-natal : Monday mornings fortnightly	Previously whole day sessions fortnightly.
Neath and District	Resolven ..	Sardis Baptist Chapel Vestry, Resolven	Infant Welfare : Tuesday mornings fortnightly	Formerly held at Welfare Hall, Resolven.
	Crynant ..	Ambulance Hall, Crynant	Infant Welfare : Thursdays fortnightly	New clinic.

Health Division.	Area served.	Location of Clinic premises.	Type and frequency of Sessions now held.	Remarks.
Pontypridd and Llantrisant	Rhydyfelin ..	Ebenezer Chapel Vestry, Rhydyfelin	Infant Welfare : Monday and Wednesday afternoons	Previously held on Wednesday afternoons only.
	Hawthorn and M.A.P. Estate	Bethel Baptist Church, Hawthorn	Infant Welfare : Friday afternoons fortnightly	Formerly held at County Council Clinic, M.A.P. Estate, Upper Boat.
	Tonyrefail ..	School Street, Tonyrefail	Ante-natal : Wednesday mornings weekly Infant Welfare : Wednesday afternoons weekly	Formerly held at Gelligrön Terrace, Tonyrefail.
Port Talbot and Glyncoirwg	Blaengwynfi ..	Villiers Road, Blaengwynfi	Ante-natal : Wednesday afternoons fortnightly	Previously held monthly.
	Cymmer ..	Council Offices, Cymmer	Ante-natal : Friday mornings fortnightly	Previously held monthly.
	Abercregan ..	Welfare Hall, Abercregan	Combined Ante-Natal and Infant Welfare : Thursday afternoons fortnightly	Previously Infant Welfare Clinic only held monthly.
	Duffryn Rhondda	The Hall, Duffryn ..	do. Monday afternoons weekly	do.
	Aberavon ..	Pendarvis Street, Sandfields, Aberavon	Ante-natal : Wednesday mornings weekly Infant Welfare : Wednesday afternoons weekly	Previously held fortnightly.
	do. ..	Zion Chapel Vestry, Aberavon	Infant Welfare : Wednesday afternoons weekly	do.
South-East Glamorgan	St. Athan ..	Church Hall, St. Athan	Ante-natal and Infant Welfare combined : Fourth Thursday in month	New clinic.
	Radyr ..	Church Hall, Radyr ..	Infant Welfare : Wednesday afternoons fortnightly	New clinic.
West Glamorgan	Cwmllynfell ..	Miners' Welfare Institute, Cwmllynfell	Infant Welfare : Thursday afternoons fortnightly	Formerly held at Chapel Vestry, Cwmllynfell.
	Gorseinon ..	Old Report Centre, Gorseinon	Ante-natal : Monday and Thursday afternoons	Formerly held at Health Dept., Gorseinon, on Thursday afternoons only.

GLANRHYD MATERNITY AND CHILD WELFARE CLINIC, NANTYMOEL.

This Clinic was opened for maternity and child welfare and school clinic work on the 1st October, 1950, on completion of fairly extensive adaptations which had been necessary to convert premises purchased by the County Council in May, 1949. Expectant mothers from this area previously attended the Ogmere Vale Ante-Natal Clinic. The establishment of a clinic at Nantymoel has met a real local need and has enabled the transfer of the Infant Welfare Clinic from unsatisfactory hired premises.

ST. ATHAN CAMP CLINIC.

From the 17th October, 1950, the services of one of the Health Visiting staff were made available at the monthly Maternity and Child Welfare Clinic established by the Camp Authorities.

There are approximately 118 children under five years of age living on the camp.

CARE OF UNMARRIED MOTHERS.

The illegitimate birth rate was 67 per 1,000 births in 1945. By 1949 it had fallen to 31. Last year it was 35, which still compared favourably with 49 the rate for England and Wales.

Wherever possible unmarried mothers are persuaded to arrange to be confined at home or in hospital, and to resume their place in the community without delay rather than to seek the enforced comparative seclusion of a hostel, where they would be expected to remain for about three months.

Where circumstances contra-indicate confinement at home or in a hospital, the girl's admission to a hostel is arranged.

In the main the arrangements for the admission of these cases to hostels work well, although certain difficulties, encountered in connection with travelling arrangements for mothers and the placing of babies born at the Carmarthen County Council Hostel, were satisfactorily dealt with.

During the year 22 unmarried mothers were admitted to hostels.

DAY NURSERIES.

The only day nursery within the County is at Penarth. It is housed in requisitioned premises which are not really suited for the purpose. Accommodation is provided for 24 children of pre-school age. Most of the mothers who bring their children to the nursery are engaged in industry or other gainful employment. The children are given a mid-day meal. They have appropriate rest periods during the day and receive essential training in habit formation.

The ages of the children in attendance vary, and most of them, therefore, require individual attention, both in respect of diet and general care. As mentioned in my Report last year, the premises are by no means satisfactory and alternative accommodation will be needed if it is decided to continue this work in Penarth.

Like most small units, it is costly to run but it is undoubtedly of advantage to the working mother who is fortunate enough to secure her child's admission.

NURSERIES AND CHILD MINDERS REGULATIONS ACT, 1948.

Under this Act the County Council is responsible for the registration and supervision of establishments catering for the minding of three or more children during the day. It also provides for the registration of persons engaged in the day minding of children for reward.

One child minding establishment and one child minder were registered during the year.

DIVISIONAL ADMINISTRATION.

Since the inception of the Scheme of Divisional Administration experience has shown that certain small groups of population on or near a divisional boundary can be more conveniently and efficiently served for Local Health purposes by the immediately adjacent Health Division. Minor administrative adjustments have accordingly been made by the Local Health Authority as follows :—

The population of Pembroke Street, Thomastown, in the South-East Glamorgan Health Division, and Scotch Row, Gilfach Goch, in the Rhondda Health Division, is now served by the Pontypridd and Llantrisant Health Division.

The hamlet of Ynysmaerdy in the South-East Glamorgan Health Division for Home Nursing and Midwifery is also served by the Pontypridd and Llantrisant Health Division.

For Domiciliary Midwifery the Penrhiwfer area of the Pontypridd and Llantrisant Health Division is served by a midwife from the Rhondda Health Division, and the Edmondstown area of the Rhondda Health Division is served by a midwife from the Pontypridd and Llantrisant Health Division.

CO-OPERATION WITH VOLUNTARY BODIES.

1. *Second follow-up survey and enquiry into Child Health.*

During the year the assistance of Local Health Authorities was sought by the Joint Committee of the Royal College of Obstetricians and Gynaecologists, the Population Investigation Committee, and the Institute of Child Health in connection with the second follow-up survey and enquiry into the health and development of children.

In this County the survey in which each Health Division co-operated entailed the completion by Health Visitors of a very detailed questionnaire in respect of certain cases of premature births occurring during March, 1946, and 75 such questionnaires were completed.

2. *Ministry of Health Enquiry into Virus Infection during Pregnancy.*

The Authority also co-operated in an enquiry conducted by the Ministry of Health to compare the risk of congenital defects occurring among children (*a*) born of women who suffered from a virus infection at some time during pregnancy, and (*b*) born of other women.

The work carried out in the strictest confidence involves the selection by clinic medical officers of expectant mothers under supervision in the following groups :—

(*a*) Those who during pregnancy have already suffered or subsequently suffer from a virus infection ; and

(*b*) A control series selected on first reporting who have not had a virus infection.

Each case selected is recorded at the clinic and a registration card submitted to the Medical Statistics Branch of the General Register Office at Somerset House.

During the year 11 women were selected and the enquiry is proceeding.

SECTION 23.—COUNTY DOMICILIARY MIDWIFERY SERVICE.

At the end of the year the midwifery staff consisted of one County Superintendent Non-medical Supervisor, nine Divisional Non-medical Supervisors, 153 County Midwives, and 14 Nurse Midwives, making a total staff of 176.

In 1937, before the Midwives Act, 1936, came into operation, the number of practising midwives in the Administrative County was 409. Of this number, 31 were *bona fide* midwives, i.e. persons not qualified by examination but entitled to practise by virtue of having been in practice prior to the 1902 Act.

In 1950 the number of midwives who notified their intention to practise as domiciliary midwives was 211. Of these, only 37 were in independent practice. This continued fall in the number of midwives carrying on their profession outside the fields of local authority or hospital midwifery service is an indication of the limited opportunities for the private practice of midwifery, as mothers are always ready to accept the County midwife as a highly-skilled nurse on whom they can rely, and for whose services no payment is requested.

Last year I commented on the tendency of women to seek admission to hospital for normal confinement. Shortage of adequate housing accommodation and an increase in the number of hospital maternity beds to which mothers can be admitted without cost to themselves, are the material factors which have accounted for this and altered the structure of the domiciliary midwifery service.

At the present time County midwives attending domiciliary patients usually attend for 14 days after confinement, but it has been the practice of some hospitals for maternity patients to be discharged within ten days of the birth of the baby. This means that the domiciliary midwife is asked to undertake the attention of patients discharged from hospital before the expiration of the normal "lying-in" period. There has been no difficulty in meeting these requests, although they are not popular with many midwives, who are of the opinion that all attention necessary during the "lying-in" period should be given while the patient is in hospital.

The curtailment of the length of stay in hospital, while sometimes necessary to make room for complicated cases seeking admission, is, in my opinion, to be deprecated because the mother often returns to a home where she sees many things to be done, and resumes her domestic chores almost immediately. This may have an adverse effect on her health later, nor is she so likely to establish breast feeding which should be done in hospital prior to her discharge.

It will be remembered that the Working Party on Midwives included in their recommendations that, in general, a midwife should attend the mother and baby for one month after confinement. It would of course not be possible for an institutional midwife to follow up cases for this period, but the Central Midwives Board consider that in domiciliary practice it is desirable for the midwife to continue in attendance on the mother and baby for one month after confinement. This recommendation is one of many submitted by the Board to the Minister of Health on the report of the Working Party.

Comparative figures showing the changing fashion in Glamorgan during the last twelve years are given below :—

Year	No. of births notified by midwives in domiciliary practice.	Total No. of Births.	Percentage Domiciliary Births.
1939	9,751	11,679	$\frac{82}{\%}$
1940	10,390	12,275	85
1941	10,671	12,910	83
1942	10,575	13,563	78
1943	9,673	13,262	73
1944	10,105	14,202	71
1945	8,685	13,079	66
1946	9,224	14,289	65
1947	9,709	15,236	64
1948	7,399	14,094	52
1949	6,131	12,855	48
1950	5,371	12,331	44

The recruitment of midwives to the Domiciliary Service continued to be a matter of some concern. Fortunately the reduction in the number of births attended by County midwives provided an opportunity to review the need of replacing midwives in certain areas where they had resigned or retired. The greater use of motor transport has made it possible in some instances to extend or combine certain midwifery districts with a view to effecting economies in personnel, but there is obviously a limit to the size of a district which can be covered by one midwife, particularly when it is remembered that when she is off duty her colleague from an adjacent area must act as relief as well as do any work arising in her own district.

The use by a midwife of her own car, for which she receives an allowance, is a great convenience in covering an extended area, as otherwise she has to rely on hired transport which is not always available when required, and the cost of which is steadily mounting as hire charges increase. Where the use of a car by a midwife is considered essential for her work, there is a priority supply scheme in operation, but the cost of a new car is such these days that midwives who would otherwise consider an appointment to a rural area hesitate in accepting a post which calls for a considerable outlay in the purchase of a car. This, and the difficulty of obtaining suitable housing accommodation, makes recruitment to certain parts of the County more difficult and the maintenance of the service presents a problem.

Relief duties during periods of sickness, week-ends, or annual holidays are occasionally undertaken by County midwives who have recently retired, but when these midwives are no longer available to do this work there may be difficulties in finding relief midwives in certain areas.

The reduction in the number of births occurring in domiciliary practice, coupled with higher general costs of salaries, transport, and equipment, will inevitably lead to an increase in the cost per case attended by domiciliary midwives. If the Domiciliary Midwifery Service continues to remain the responsibility of the Local Health Authority it may be necessary in the not so distant future to review the organisation, particularly in regard to personnel requirements, and to consider the possibility of combining midwifery with home nursing duties wherever this can be done.

Already midwives with reduced bookings have been asked in areas where home nurses are heavily committed to assist their colleagues. This they have readily agreed to do as invariably they would prefer to be busy than idle. Their co-operation is much appreciated and is an example of how midwives and home nurses working side by side help each other.

ATTENDANCE OF MIDWIVES AT ANTE-NATAL CLINICS.

The arrangements made in 1949 for midwives to attend on a regular rota basis at the local ante-natal clinics were continued. Midwives thus take their proper places as members of the clinic team and are able to consult the Clinic Medical Officer on matters relating to the health of mothers by whom they have been engaged, as well as to meet and, where necessary, learn something of the condition of the patients of other midwives for whom they might later have to act as relief.

GAS AND AIR.

By the end of the year 165 midwives had received instruction in the administration of gas and air, and 154 sets of apparatus had been supplied. Although the apparatus has proved an undoubted boon it is weighty, and with the normal delivery and nursing bags usually carried by the midwife, makes the provision of transport for the midwife and her equipment a necessity for almost every case of confinement she attends. During the year the number of cases who received gas and air analgesia was 155 more than in 1949.

The rising costs incurred for the use of transport, whether hired or otherwise, have been mentioned by me in other reports and is one of the many factors contributing towards what during recent years has become a relatively costly service.

PETHEDINE.

New regulations (The Dangerous Drugs Regulations, 1950, Statutory Instrument No. 380) which came into operation on the 1st April, 1950, authorised practising midwives to be in possession of and to administer medicinal opium, tincture of opium, and pethedine.

The use of these drugs by midwives is subject to conditions laid down in the above-mentioned regulations and to the rule of the Central Midwives Board, which precludes a practising midwife from using any drug on her own responsibility unless in the course of her training, whether before or after enrolment, she has been thoroughly instructed in its use and is familiar with its dosage and methods of administration or application.

The attention of all practising midwives in the County area has been drawn to these conditions in which drugs are held and administered, and they have also been issued with drug books for the purpose of recording details of the quantities of pethedine they obtain and the names and addresses of the persons to whom it is administered.

Limited quantities of the drug are held by Divisional Medical Officers for the purpose of issue to domiciliary midwives requiring it for their practice, and details of the quantities of drugs so held and the issues made are recorded in a Divisional Drug Register maintained at the Divisional Health Office.

The drug books and personal registers of midwives are subject to careful inspection by the Divisional Non-medical Supervisor of Midwives, in order to ensure that the provisions of the regulations and the rules of the Central Midwives Board are being observed.

TRAINING OF MIDWIVES.

During the year the County Council completed the purchase of the premises owned by the former Neath District Nursing Association, and continuity of the midwifery training arrangements undertaken in conjunction with the Neath General Hospital has been maintained to the mutual advantage of the hospital and of the County Midwifery Service.

The Home came under the control of the County Council on the 1st April, 1950, but Miss M. C. Price, the Superintendent formerly employed by the Neath District Nursing Association, agreed to continue after that date pending the appointment of a successor. Miss M. C. Daly, S.R.N., S.C.M., formerly the Superintendent of the District Nurses' Home, Harrogate, was appointed to the post and commenced her duties on the 17th July, 1950.

Six candidates were successful in obtaining their final certificates as State Certified Midwives. The figures in the table on page 25 show the comparatively small number of births attended in the Neath and District Division by County midwives. If the reduction in the number of births taking place at home continues it will be extremely difficult for the Part II Training School to meet the requirements of the rules of the Central Midwives Board, which require that students should spend six months in work on the district, and during that time attend 20 cases under supervision, at least ten of which must be attended and nursed in the patients' own homes. So long as domiciliary midwifery is necessary there can be no satisfactory substitute for the training of midwifery students under the conditions in which they are likely to practise in the homes of the people.

REFRESHER COURSE.

To enable all the County midwives to attend a refresher course arrangements were made to hold two two-day courses on the 3rd and 10th November and on the 17th and 24th November. The syllabus was as follows, and the subjects selected were acknowledged to be of real practical value to those who attended:—

*Subjects.**Lecturer.*

Midwifery Service in relation to other services of the Health Department.	County Medical Officer.
Haemolytic Disease of New Born.	Dr. R. T. Bevan.
Sterility.	Dr. Grace Phillips.
Ante-natal Care.	Dr. Kathleen Davies.
Breast Feeding.	Dr. J. Jacobs.
The General Practitioner and the Domiciliary Midwife.	Dr. Aneurin Jones.
Ante-Natal and Post-Natal Exercises.	Dr. P. R. Garfield Evans.

SUPERVISION OF MIDWIVES.

This work devolves in the main on the Divisional Non-Medical Supervisors acting under the general direction of the Divisional Medical Officers, with the County Superintendent Non-Medical Supervisor acting on my behalf as liaison officer.

Non-Medical Supervisors are also responsible for the supervision of the Home Nursing Service and of the Home Help Service. As in the preceding year, duties in connection with the latter service took a considerable proportion of their time and this has been the subject of concern to several of the Divisional Committees.

The following figures of midwifery inspections carried out during the year, compared with the previous year, show an increase in the extent to which other claims have been made on the time of these officers:—

SUPERVISION OF MIDWIVES, HOME NURSES, AND HOME HELPS.

Number of Visits of Inspection made by the Divisional Supervisor of the Midwifery, Home Nursing, and Domestic Help Services.	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
(a) To County Midwives	91	227	82	103	43	152	95	76	107	976
(b) To Independent Midwives	15	—	3	15	—	20	3	2	10	68
(c) To Nursing Homes	—	—	3	—	—	—	6	—	—	9
(d) To Home Nurses	60	142	27	101	25	166	82	103	72	778
(e) To Home Helps and Applicants for Home Help	528	372	410	218	192	652	224	361	543	3,500

MEDICAL AID.

This was summoned, in accordance with the rules of the Central Midwives Board, on 1,772 occasions for reasons shown in the following table. This compares with a figure of 2,251 for 1949 and 2,529 in 1948:—

MIDWIVES ACT, 1918.

SUMMARY OF THE REASONS FOR SENDING FOR MEDICAL HELP FOR THE YEAR 1950.

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath.	Pontypridd.	Port Talbot.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
(1) RELATING TO MOTHER.										
(i) <i>Ante-natal.</i>										
(a) Albuminuria	2	6	4	1	3	2	4	3	2	27
(b) Eclampsia	—	—	—	—	—	—	—	1	—	1
(c) Ante-partum haem. .. .	6	16	11	6	11	7	3	4	12	76
(d) Abortions	—	47	10	13	43	54	8	4	64	243
(e) Miscellaneous	3	16	2	56	7	10	6	11	12	123
(ii) <i>Natal.</i>										
(a) Placenta praevia	1	—	—	1	—	2	2	6	—	12
(b) Prol. 2nd st. lab. .. .	22	23	20	13	6	32	5	9	23	153
(c) Ab. presentation	4	11	10	17	4	4	4	4	9	67
(d) Miscellaneous	6	38	7	54	16	—	4	7	7	139
(iii) <i>Post-natal.</i>										
(a) P.-n. convulsions	1	—	—	—	—	—	—	1	—	2
(b) Albuminuria	—	—	—	3	—	—	—	—	—	3
(c) Rupt. perineum	28	56	29	79	50	40	8	12	31	333
(d) Plac. abnormals.	3	9	6	10	4	5	3	—	4	44
(e) Post-partum haem.	1	9	5	14	2	3	2	—	3	39
(f) Puerp. pyrexia	2	5	9	4	8	2	3	9	1	43
(g) Breast conditions	—	—	1	2	1	—	1	1	2	8
(h) Miscellaneous	2	19	12	19	6	4	4	9	11	86
(2) RELATING TO INFANT.										
(a) Neo-natal dis.	5	4	5	—	7	1	—	2	—	24
(b) Asphyxia	1	1	2	4	1	1	—	2	2	14
(c) Malformation	8	6	5	6	7	—	2	3	1	38
(d) Eye conditions	9	10	14	27	15	1	8	3	6	93
(e) Prematurity	5	7	6	14	8	5	3	1	13	62
(f) Skin conditions	3	1	—	17	—	1	2	2	—	26
(g) Jaundice	1	3	4	3	4	1	1	2	2	21
(h) Miscellaneous	—	27	5	17	4	12	5	5	20	95
Totals	113	314	167	380	207	187	78	101	225	1,772

MIDWIVES (AMENDMENT) ACT, 1950.

This Act received the Royal Assent on the 12th July, 1950, and modifies the powers and duties of Local Health Authorities as follows:—

Section 6 (2) extends the scope of the offences for which, under Section 1 (1) of the Midwives Act, 1902, women, not being certified midwives, are subject to penalties on summary conviction, to include the unauthorised wearing of uniform.

Section 6 (3) renders void any agreement made between a local health authority (or other body) and a domiciliary midwife employed by them in so far as it precludes the midwife from wearing a uniform prescribed by the Central Midwives Board in rules made under Section 6 (1).

Section 7 (2) alters the periods in respect of which the names and addresses of midwives who notify their intention to practise have to be supplied by local supervising authorities to the Central Midwives Board. The period in question will henceforth be the twelve months ending 31st January in each year (thirteen months ending 31st January, 1951) and the lists will fall to be supplied in February.

Section 7 (3) relieves local supervising authorities of the obligation to keep a current copy of the roll of midwives accessible at all times for public inspection.

Section 9 empowers local supervising authorities to provide residential accommodation for pupil midwives undergoing training in their area and make compulsory purchase powers available for this purpose.

Section 12 exempts a practising midwife from service on any jury.

SUPERVISION OF NURSING HOMES.

It is the duty of the County Council to license private nursing homes (including maternity homes) after inspection, and to revisit them at intervals to see that an adequate service is maintained and that the terms of the licence are fulfilled. Eight inspections were carried out during the year to ensure the proper maintenance of the five nursing homes registered under Section 187 of the Public Health Act, 1936.

NURSES' ACTS, 1943 AND 1945.

At the end of the year there was only one agency registered under the Nurses' Acts, 1943-45.

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.	
MATERNITY CASES ATTENDED BY DOMICILIARY MIDWIVES DURING THE PERIOD.											
County Midwives	As Midwives ..	424	846	452	460	445	349	418	278	959	4,631
	As Maternity Nurses	22	100	95	5	44	11	223	162	28	690
Midwives in private practice	As Midwives ..	8	—	11	23	—	—	12	6	27	87
	As Maternity Nurses	2	1	5	1	—	15	17	2	17	60
ADMINISTRATION OF ANALGESICS.											
No. of Midwives in practice in the area qualified to administer analgesics	Domiciliary ..	14	24	21	11	15	12	21	16	19	153
	In institutions	11	5	14	30	8	—	6	14	12	100
No. of sets of apparatus for the administration of analgesics in use by County Midwives ..		14	24	21	11	15	12	21	16	19	153
No. of cases in which analgesics were administered by County Midwives—											
(a) Acting as Midwives		256	452	203	308	207	262	249	156	558	2,651
(b) Acting as Maternity Nurses ..		7	48	53	1	19	10	170	143	20	471

SECTION 24.—HEALTH VISITING.

Among the many duties of the 118 Health Visitors employed by the County Council is the task of visiting the homes of expectant and nursing mothers. This is one of the functions which has always been considered of primary importance because of the direct and indirect opportunities it affords for the individual and group teaching of those responsible for the nurture of the younger generation.

From her fund of knowledge and experience the understanding health visitor can give advice and reassurance to the young mother and help her to cope with the personal health and other problems likely to arise, but although this work still takes pride of place in the health visitor's programme, her special training and particular capacity for medico-social work have brought her into wider but no less interesting and important fields.

The visiting of patients suffering from tuberculosis, advising on preventive measures, including the segregation of the patient, is work of great value and assumes greater significance in a community where large numbers of tuberculous persons must be treated at home because of shortage of hospital beds. Liaison is maintained with the Chest Physicians through the Divisional Superintendent Health Visitors and there is excellent co-operation between the Chest Clinics, the Divisional Offices, and the Home Nursing Service.

Although the Children's Act withdrew from health visitors some of the responsibilities they had previously exercised in respect of boarded-out children and infant life protection, their interest in this work is still maintained through the close co-operation that exists between the County Health Department and the Children's Department. My Department has been happy to supply special reports, furnished by health visitors, on the home conditions and suitability of prospective adopters.

Apart from the various kinds of special enquiries health visitors are called upon to make in the course of their work and their follow-up visits to the homes of school children found to be defective or unclean at school, there are still fields of activity in which an adequate staff of health visitors could undertake fruitful work. It is doubtful whether all patients discharged from hospital and requiring advice are being notified to the Department. The feeble elderly person living alone, although not needing nursing attention, might welcome a visit from the health visitor, who could advise on personal care and bring other resources of the Local Health Authority into operation when required. Restricted staff make it impossible to extend suitably the activities of the health visitors in these directions or in the extended duties mentioned in the Act.

The shortage of health visitors has continued for some years and the amount of work placed on the existing qualified staff makes it difficult, if not impossible, for them to give to the full the theoretical and practical health teaching which should constitute a most vital part of their work.

A scheme for assisting students to train as health visitors came into operation during the year and six nurses were appointed as student health visitors. It is hoped that by a continuance and, if necessary, an extension of this arrangement we shall be able to recruit a sufficient number of health visitors at least to maintain the existing establishment as well as the present high standard of service.

The appointment of specialist health visitors responsible for paediatric, gastric, diabetic, and other cases, is a luxury which cannot be afforded at a time when the available staff is limited. As far as possible the aim, in my opinion, should be to so instruct the health visitors on the staff that each can carry out the follow-up of the cases in her own district. Most of the patients are known to them, and have their confidence. I am glad to say that some progress has been made, although not to the extent desired, partly due to the lack of information received from hospitals on the patients discharged, many of whom would welcome advice and help.

There are many groups of professional social workers in local health, hospital, and allied services. The intake of entrants is insufficient to meet the needs, and the scramble for the limited number of available recruits possessing the required entry standards seems bound to lead ultimately to a critical review of the purpose of these workers and to consideration of the extent to which duplication of effort and the modern tendency to over-specialisation can be allowed to go unchecked.

REFRESHER COURSE FOR HEALTH VISITORS AND SCHOOL NURSES.

During Whitsun week an experimental refresher course was held at Duffryn House, which was attended by 36 nurses. The programme of lectures was as follows :—

1st day	1. The School Health Service	The County Medical Officer.
	2. Problem Families	The Deputy County Medical Officer.
	3. After-care Mental Health	Dr. J. P. Spillane, Deputy Medical Superintendent, Whitchurch Mental Hospital.
2nd day	1. Handicapped Pupils	The County Medical Officer.
	2. The Premature Baby	Dr. H. R. Stubbins, Divisional Medical Officer, Neath and District Health Division.
	3. Infant Feeding	Dr. J. Jacobs, Paediatrician, Cardiff United Group of Hospitals.
3rd day	1. The Work of the Children's Department ..	The Children's Officer.
	2. Heredity	The Deputy County Medical Officer.
	3. After-care of the Surgical Patient ..	Dr. Melbourne Thomas, Medical Superintendent, Church Village General Hospital.
4th day	1. Public Health Nursing—Scandinavia ..	Miss M. E. Davies, Health Visitor Tutor, Welsh National School of Medicine.
	2. Group Talks	The County Superintendent Health Visitor and School Nurse.
	3. Care of the Aged	Dr. A. R. Culley, Medical Member, Welsh Board of Health.
5th day	1. After-care of the Tuberculous Patient ..	Dr. S. H. Graham, Chest Physician.
	2. Discussion.	

The course was an undoubted success, not only because of the wide range of subject matter of the lectures, but it also provided an opportunity for the health visitors and school nurses from various parts of the County to meet and discuss their problems. It was fortunate that it was possible to obtain the services of lecturers who were specialists in the various topics.

Such a course enables the individual nurse to keep abreast of modern views and assists in the maintenance of a uniform standard of work throughout a County of the size of Glamorgan. As a result of pooling of experience it was felt that the service as a whole derived benefit. The nurse was made to feel that she was one of a large team, all the members of which were working to one end—to maintain in the County of Glamorgan a health visiting and school nursing service which compares very favourably with any in the country.

The course afforded an excellent opportunity for the individual nurse to be informed of the part played by the Central and Divisional Office and other staffs in the organisation and maintenance of the service. In a widely scattered area there is danger that a central department can become too divorced from the practical details. The interchange of ideas and problems was of the utmost value.

The discussion period following each lecture showed the keen interest that was taken in the course, and at the conclusion each nurse returned to her area with a renewed enthusiasm.

The following table shows the number of visits made by health visitors during the year :—

		Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
No. of Health Vis- itors employed at the end of the year	Whole-time on health visiting	—	—	—	7	—	—	—	3	—	10
	Part-time on health visiting	9	9	13	3	11	7	14	5	21	92
Equivalent of whole-time service devoted by Health Visitors to health visiting (all classes)		5.65	6.0	10.61	8.75	7.84	4.3	11.66	3.28	12.0	70.09
No. of visits paid by Health Visitors	Expectant mothers	First visits	413	364	413	649	527	253	204	430	3,573
		Total visits	1,411	920	1,038	992	802	318	497	488	7,169
	Children under 1 year of age	First visits	1,068	1,579	1,943	1,147	1,127	936	1,835	1,004	12,489
		Total visits	9,616	7,435	7,679	6,923	6,632	3,861	11,324	7,984	83,680
	Children between ages 1-5 years	First visits	28	55	78	97	311	72	291	121	1,149
		Total visits	14,462	9,036	10,967	9,849	10,953	5,660	17,100	10,518	106,838
	Other classes	First visits	883	303	1,463	891	2,484	429	852	526	10,509
		Total visits	2,989	2,097	3,720	3,038	3,640	1,707	4,033	1,398	31,442

SECTION 25.—HOME NURSING.

In these days when so many engaged in the Health Service are subjected to unkindly and often uniformed criticism it is gratifying to report the excellent work done by the 116 whole-time and 26 part-time home nurses, who, during the year, dealt with 15,510 cases involving 391,861 visits compared with 12,150 cases and 339,608 visits in 1949. Their competence as professional nurses, their ready co-operation with the local doctors, and above all their zeal for the welfare of their patients, have gained these members of this new County service a high place in public regard.

Unfortunately the shortage of hospital beds, coupled with local knowledge that the service, which before the Appointed Day was generally restricted to "subscribers only," is now available to all who need it, has led to increasing demands for home nursing aid in all divisions. Many of the home nurses have carried a far too heavy list of patients, and I have received from direct and indirect sources reports of the long hours of duty worked by these nurses, whose special nightly visits to some homes are awaited with pathetic confidence by the patient eager to receive her assistance.

Compared with her colleague in hospital, the home nurse often works under extreme difficulties, with a minimum of equipment, some items of which she must look to the householder to provide. Her skill in devising expedients grows with experience of the different types of household in which she is called to serve.

I have stated in previous reports that the home nursing service relieves the pressure on hospital beds. Where necessary, home nursing can be, and is, provided for the patient discharged from hospital but still in need of nursing care. Beds are thus freed for the admission of the acute sick. On the other hand, one has to record that home nursing attention is being given by our service to patients whose condition cannot be adequately treated at home, but whose admission to hospital cannot be effected; in particular, the tuberculous patient to whom treatment hitherto not procurable outside hospital can now be given at home without delay after diagnosis; home nurses are concerned in the general nursing and administration of P.A.S. and streptomycin injections, an extension which has met with an excellent response from the staff and which has received favourable comment in the press. In this category is also to be found the elderly non-acute sick who, under a former system, found a friend in the relieving officer whose statutory powers enabled him to secure the prompt admission of such patients.

Enquiries have shown that large numbers of elderly patients live alone or with an aged partner, who is unable to supply the continuous care which the other should receive.

The Home Nursing Service does not provide the continuous service occasionally required in individual cases and the difficulty under present circumstances in filling this inevitable gap in attendance has been a matter of concern to me. There are many other instances of seriously ill patients who need more nursing attention than can be given by the home nurse on her restricted daily visits.

There is no night nursing service available and requests for this have had to be declined. There is no doubt that a case could be made for the establishment of a supplementary service to remedy these deficiencies in our present arrangements. In some cases the need would be met by the appointment of a trained nurse temporarily to do night duty in particular cases, or by arranging for a suitable person with experience as a ward orderly to undertake the duties under the general supervision of the home nurse. Relatives and kindly neighbours do play their part in caring for the sick, but as families are dwindling in size and an increasing number of married women find it necessary to obtain gainful employment, voluntary help is not likely to be sustained at former generous levels. Unfortunately any alternative by way of paid service will be costly in money and man power.

National awards require, very properly, that home nurses should have off-duty times and holidays prescribed, viz. one day a week, one week-end a month, and twenty-eight days' holiday annually. It is usually possible to arrange for nurses in adjacent areas to relieve one another so that each may be free for the normal off-duty periods.

For annual holiday periods it is impracticable to make similar arrangements, and the employment of nurses on a temporary basis is essential in order to ensure that the whole-time staff receive the holiday week to which they are entitled. The finding of suitable temporary relief staff in adequate numbers to meet the requirements of the Home Nursing Service in each Health Division, is not achieved without considerable difficulty, and the satisfactory completion of the annual holiday relief arrangements is very satisfying to those charged with this duty.

The home nurse's work gives her little opportunity of seeing many of her colleagues. Except on special occasions her professional contacts are usually limited to meeting her colleague in a neighbouring area, where she may do relief duty, and to an occasional meeting with the Divisional Non-Medical Supervisor.

Although she works under the general direction of the family doctor, many of her patients are not under frequent medical visitation, and the home nurse is left to act on her own initiative in the nursing care of certain cases.

REFRESHER COURSE FOR HOME NURSES.

The need for postgraduate study courses for these officers is fully realised. The Committee agreed to arrangements being made for two separate series of postgraduate lectures to be held in January and February, 1950, so that all home nurses were able to attend in suitably selected groups from all parts of the County. The syllabus is given below :—

<i>Subjects.</i>	<i>Lecturer.</i>
Social Services in relation to Home Nursing.	Dr. R. T. Bevan.
Geriatrics.	Dr. A. R. Culley.
The District Nurse.	Miss G. M. Williams, Superintendent Q.V.J.N.I.
After-care of Gastric Cases, Diabetes, the technique of injections, times, etc.	Dr. Ernest Evans.
Modern methods of surgery and treatment in relation to Home Nursing.	Mr. D. B. E. Foster, F.R.C.S.

Discussions followed each lecture and much time was given to dealing with questions raised by the nurses on all topics ranging from purely professional matters to minor details about service conditions, pay, travelling expenses, holidays, and uniform. Meeting as they did on the common ground of professional interest, the occasion gave opportunities for the free interchange of opinion, for the acquisition of knowledge of recent advances in medical and nursing treatment, as well as for social contacts with colleagues with similar problems to face.

Up to the present time it has not been thought necessary to employ male nurses on district domiciliary work. There seems no logical reason why sick nursing in the home should continue to be regarded as being restricted exclusively to women. The poet's reference to woman as a "ministering angel" is still apt in relation to the feeling of confidence which she instils into her patient. In the last decade the opportunity for men to train as State Registered Nurses has increased and there is a tendency for qualified male nurses to seek employment in the domiciliary nursing service. The next decade might well see an infiltration of male nurses into the sphere of home nursing, for many branches of which I consider they would be most suitable.

The following table shows the amount of work done and the classification of patients nursed during the year :—

Health Divisions.	No. of cases attended.				No. of deaths occurring in practice.	No. of cases remaining on the registers at the end of the year.			
	First visits.		Total visits.			Acute Medical.	Chronic Medical.	Acute Surgical.	Chronic Surgical.
	Medical.	Surgical.	Medical.	Surgical.					
Aberdare and Mountain Ash ..	889	300	40,113	11,544	199	25	136	27	27
Caerphilly and Gelligaer	1,093	526	32,019	14,721	183	54	152	26	68
Mid-Glamorgan	974	701	35,247	18,464	239	55	185	41	73
Neath and District	470	395	24,079	12,227	170	15	107	15	43
Pontypridd and Llantrisant ..	607	538	14,911	12,555	128	13	92	17	28
Port Talbot and Glyncoirwg ..	724	382	16,014	9,090	113	40	77	17	33
South-East Glamorgan	1,152	481	37,864	15,466	240	14	122	25	48
West Glamorgan	812	408	24,616	11,704	222	42	128	19	35
Rhondda	1,200	607	45,485	15,742	296	69	195	25	65
Totals	7,921	4,338	270,348	121,513	1,790	327	1,194	212	420

SECTION 26.—VACCINATION AND IMMUNISATION.

The tables on pages 32 and 33 give details of this work carried out under Section 26 of the National Health Service Act, 1946, in the County Council Clinics, and by general practitioners, during the year.

Vaccination. There has been a slight increase in the numbers of persons vaccinated during the year, but the small percentage of babies vaccinated is a cause for concern.

The forms of propaganda so far undertaken in the Health Division have included personal approach by health visitors and clinic medical officers urging mothers to arrange for their children to be vaccinated. The results have been very disappointing. I am not satisfied that they are caused by definite antagonism on the part of parents. It is more likely that non-vaccination is due to parental apathy or reluctance to make the journey to the local doctor's surgery. Few doctors would have fresh lymph immediately available and the mother who would have to make a further visit with her baby at a later date might be unwilling or find it inconvenient to attend.

The Caerphilly and Gelligaer Divisional Health Committee have expressed their concern about the low percentage of vaccinated children under the age of one year, and have suggested that special vaccination clinics be held in association with the Council's existing clinic facilities for mothers and young children.

The Brighton smallpox incident and the hurried arrangements made for mass vaccination of large numbers of the population at Brighton provided a sharp reminder of the need for preparedness to cope with a major epidemic of virulent smallpox. Should such a misfortune affect this County it would be useless to regret lost opportunities, and it might then be too late to ensure protection against a disease having such devastating potentialities.

Immunisation. Compared with the figures for the previous year, less immunisation was done during 1950.

The arrangements under the scheme whereby immunisation may be undertaken either by general medical practitioners or by the Local Health Authority, according to the desire of the parent, worked satisfactorily. Most children are immunised at the local clinics and in some divisions special immunisation sessions are held and children attend by appointment. National and local publicity is used at appropriate intervals to emphasise the protection which this simple and inexpensive procedure can give against this deadly disease which until recent years took such a terrible toll of child life.

During the first ten years of the present century the average number of deaths from diphtheria in Glamorgan was 237 per annum. During the period 1940-1950 the figure fell to 33. Last year was the second successive year with no deaths from diphtheria.

Most parents readily allow their children to be immunised. In the relatively few instances where consent is at first refused, the health visitor or clinic medical officer is often successful in securing the agreement of some of the mothers.

It would be well to remember that in a partially immunised community children who are not immunised are at a greater risk of infection from diphtheria, which may, particularly in infancy, cause severe illness or death, and it is only by unremitting efforts to establish immunity in the child well before the commencement of its school life that the incidence of this disease can be reduced and deaths prevented.

VACCINATION.

Health Division.	Number of persons vaccinated.									
	Vaccinated.					Re-vaccinated.				
	Age at 31st December, 1950.					Age at 31st December, 1950.				
	-1.	1-4.	5-14.	15+.	Total.	-1.	1-4.	5-14.	15+.	Total.
Aberdare and Mountain Ash	69	22	13	10	114	—	—	1	25	26
Caerphilly and Gelligaer ..	115	29	6	21	171	—	1	1	31	33
Mid-Glamorgan	67	76	17	23	183	—	2	1	42	45
Neath and District ..	37	73	11	12	133	—	—	4	52	56
Pontypridd and Llantrisant	65	32	11	21	129	—	4	7	56	67
Port Talbot and Glyncoirwg	38	8	5	17	68	2	—	—	1	3
South-East Glamorgan ..	218	149	78	86	531	—	—	29	229	258
West Glamorgan	36	23	7	14	80	2	—	—	17	19
Rhondda	134	18	4	33	189	—	1	1	38	40
Totals	779	430	152	237	1,598	4	8	44	491	547

No cases of generalised vaccinia, post vaccinal encephalomyelitis, or deaths from other complication of vaccination were reported during this period.

DIPHTHERIA IMMUNISATION.

Health Division.	Number of children who completed a full course of Primary Immunisation.		Total.	Total number of children who were given a Secondary or Reinforcing Injection.
	Age at the date of the Final Injection.			
	Under 5 years.	5-14 years.		
Aberdare and Mountain Ash	701	301	1,002	1,387
Caerphilly and Gelligaer	815	22	837	856
Mid-Glamorgan	912	243	1,155	602
Neath and District	722	31	753	6
Pontypridd and Llantrisant	855	183	1,038	67
Port Talbot and Glyncoirwg	630	89	719	318
South-East Glamorgan	941	195	1,136	1,235
West Glamorgan	196	379	575	265
Rhondda	1,143	53	1,196	504
Totals	6,915	1,496	8,411	5,240

SECTION 27.—COUNTY AMBULANCE SERVICE.

The demand on this service continued to grow during the year and the comparative tables furnished at the end of this section show considerable increases in this work. Some small increase of mileage may be attributable to the grouping of isolation hospitals and the consequent diversion of former isolation hospitals to other purposes, but any increase due to this cause is insignificant in relation to the mileage involved in conveying patients to and from hospital out-patient departments. Persons attending for examination or treatment at hospital out-patient departments constitute the majority of those using the County Ambulance Service. The larger hospitals deal with patients living within a very wide radius and long distances are regularly travelled by vehicles in taking patients to and from these hospitals.

The report of the Government Select Committee on the estimated expenditure for the Ambulance Service was published during the year. Some of the relevant recommendations were already being followed in this County, but effective control of this service by a local health authority is extremely difficult, and not impossible, to ensure that continuous attention is being given to methods of checking abuse. During the year approaches have been made to Hospital Management Committees and to general practitioners to enlist their further co-operation to prevent abuse of the service by persons not in real need of ambulance facilities. In the main they readily co-operate, and marked improvement has occurred in many instances, although in others patients experience no difficulty in obtaining the necessary certificate although its issue was not justifiable. Free transport to hospital for treatment is regarded by many as part of the Health Scheme, with the result that ambulances often have to be loaded with five or six patients on a journey to ensure that all are conveyed. This has occasionally given rise to complaint from ill patients whose journey is prolonged while the detour necessary to collect or return other patients is made.

A temporary increase in the number of patients conveyed by ambulance to certain hospitals occurred when the payment of fares by the Hospital Management Committees to those previously entitled to them was discontinued in September, 1950. The whole position is rather disturbing, as the considerable mileage travelled by the vehicles will call for their early replacement at considerable expense.

PREMISES.

During the year two new sub-stations were opened at Hirwaun and Ynysybwll. At Hirwaun the sub-station is on the Trading Estate, at Ynysybwll the garages formerly occupied by the Ynysybwll Ambulance Car Society have been taken over.

In addition, the Ambulance Control Station for the Mid-Glamorgan Area, formerly established in the Divisional Fire Service Headquarters at Bridgend, was transferred to the Old Fire Station, Oak Street, Aberkenfig, which had been adapted for the purpose, and the Ambulance Sub-station at the House Coal Screens Garage, Ferndale, was transferred to new premises at the rear of 1, Church Street, North Road, Ferndale.

Premises shared generally with the Fire Service are as follows :—

Ambulance Control Stations.

Fire Service Station, Barry.
Fire Service Station, Bargoed.
Fire Service Station, Pontardawe.
Fire Service Station, Treforest Trading Estate.

Ambulance Sub-stations.

Fire Service Station, Cowbridge.
Fire Service Station, Ogmore Vale.
Fire Service Station, Porthcawl.

Endeavours are being made to obtain suitable alternative premises as the space now occupied in fire stations by ambulances and ambulance personnel is required for Fire Service purposes.

The County Council's original proposals under Section 27 of the National Health Service Act, 1946, provided for the establishment of seven ambulance control stations and 49 ambulance sub-stations. The position at the 31st December, 1950, was as follows :—

<i>Centres at which Ambulance Stations and Sub-stations have been established.</i>	<i>Centres at which Ambulance Sub-stations have not yet been established.</i>	<i>Remarks.</i>
<i>Bargoed Control :</i>		
Pontlloftyn.	Ystrad Mynach.	Suitable premises not available.
Nelson.		
Llanbradach (St. John).		
Senghenydd (private contractor).		
Caerphilly.		
<i>Barry Control :</i>		
Penarth.	Bonvilston.	Needs of area being adequately met by present-stations.
Whitchurch (two ambulances).		

<i>Centres at which Ambulance Stations and Sub-stations have been established.</i>	<i>Centres at which Ambulance Sub-stations have not yet been established.</i>	<i>Remarks.</i>
<i>Aberkenfig Control :</i>		
Caerau.	Llantwit Major.	Suitable premises not available.
Maesteg.		
Pontycymmer (private contractor).		
Ogmore Vale.	Llanharan.	Needs of district being adequately met by present stations.
Kenfig Hill (St. John).		
Pencoed (St. John).		
Cowbridge.		
Porthcawl.		
<i>Llwynypia Control :</i>		
Treherbert (private contractor).	Mardy.	
Ferndale (two ambulances).	Tylorstown.	
Porth.	Treorchy.	Needs of area being met by existing stations.
Trealaw.	Tonypandy.	
	Trehafod.	
<i>Neath Control :</i>		
Banwen.	Skewen.	Needs of area being adequately met by existing stations.
Seven Sisters.		
Glyncorrwg.		
Cymmer (St. John).		
Bryn (St. John).	Glynneath. }	Present vehicle being operated by N.C.B.
Port Talbot (two ambulances).	Resolven. }	A new station will shortly be opened at Glyncastle Colliery, Resolven, at which two ambulances will be sited, which it is thought will adequately meet the needs of both Resolven and Glynneath.
<i>Pontardawe Control :</i>		
Cwmllynfell (St. John).		
Ystalyfera.		
Gwauncaegurwen (St. John).		
Clydach (St. John).		
Pontardulais (St. John).		
Gorseinon.		
Gowerton (St. John).		
Reynoldston.		
<i>Treforest Control :</i>		
Hirwaun (two ambulances).		
Aberdare (St. John).		
Mountain Ash (two ambulances).		
Penrhiwceiber (St. John).		
Hopkinstown (St. John).		
Gilfach Goch.		
Coed Ely (St. John).	Tonteg.	Adequate cover provided by the Treforest Station.
Llantrisant.		
Ynysybwll.		

PERSONNEL.

Consequent upon the appointment of drivers for the new sub-stations at Hirwaun and Ynysybwl, and the increase in the numbers of drivers attached to the Aberkenfig, Bargoed, and Treforest Main Control Stations and the Ferndale Sub-station, the total number of drivers in the employment of the County Council increased by a total of 21 over the corresponding figure for 1949. The position as regards personnel as at the 31st December, 1949, and the 31st December, 1950, is set out below :—

		Grade.			Driver/Attendants.
		County Ambulance Officer.	Ambulance Station Leader.	Deputy Ambulance Station Leader.	
Authorised Establishment	..	1	7	21	160 rising to 202
Actual Establishment :					
31st December, 1949	..	1	7	20	County Council Employees .. 101 St. John 28 Private Hirers 11 Ambulance Association .. 2
					142
31st December, 1950	..	1	7	20	County Council Employees .. 122 St. John 28 Private Hirers 11
					161

UNIFORM.

Some progress was made in this matter by the end of the year. Tenders were sought for the supply of uniform on the following basis, and it is expected deliveries will be made in 1951 :—

One double-breasted jacket.

Three blue shirts.

One waistcoat.

Six collars.

Two pairs of trousers.

One artificial silk knitted tie.

One gabardine raincoat.

One peaked soft hat.

One great coat.

VEHICLES.

In the proposals approved by the Minister of Health the County Council are authorised to operate 82 vehicles (74 ambulances, seven sitting-case cars, and one car for the County Ambulance Officer). Owing to the number of vehicles which are off the road at any one time undergoing repairs, and the further number temporarily withdrawn for routine servicing, it has been found necessary to maintain a considerably larger number of vehicles. The total numbers of vehicles comprising the Ambulance Service as at various dates are shown in the following table :—

	31st March, 1949.		31st December, 1949.		31st December, 1950.	
	Ambulances.	Cars.	Ambulances.	Cars.	Ambulances.	Cars.
Transferred vehicles	49	3	38	2	31	2
Subsequently purchased by County Council	8	3	41	4	52	3
Total County Council-owned vehicles	57	6	79	6	83	5
Order of St. John	14	—	14	—	14	—
Private Contractors	3	—	3	—	3	—
Totals	74	6	96	6	100	5

During 1950 six ambulances and one car were taken out of service and sold.

OPERATIONAL DETAILS.

On the following pages (38 and 39) are included tables showing the details of the work carried out by the County Ambulance Service during the year ended 31st December, 1950 :—

Table "A." Monthly totals of work done by all sections of the County Ambulance Service during the year ended 31st December, 1950.

Table "B." Monthly totals of work done by the County Council-owned vehicles during the year ended 31st December, 1950.

Table "C." Monthly totals of work done by vehicles owned by the Order of St. John during the year ended 31st December, 1950.

Table "D." Monthly totals of work done by the contractors, private hirers, and other Local Authorities on behalf of the County Council during the year ended 31st December, 1950.

Table "E." Statement setting out the comparative details of the work done by the various sections of the Ambulance Service during the six months ended the 31st December, 1948, the year 1949, and the year 1950.

Table "F." The total number of patients carried by all sections of the service, the number of journeys performed, and the total number of miles travelled by the ambulances and cars, the monthly averages under these headings, and the percentage increases for the respective periods.

The tremendous increase in the demands made on the service during 1949 and 1950, and also the effective manner in which Ambulance Control Stations have operated, can be seen from the figures included in Table "F" (page 39).

The monthly average of patients carried shows increases over the figure for the last half of 1948 of 93.3 per cent in 1949 and 156.3 per cent in 1950, but the number of journeys made in the two years has shown an increase of only 60.6 per cent and 74.9 per cent respectively, whilst the actual total mileage run has increased by 54.4 per cent and 80.1 per cent respectively.

It is difficult to state whether the peak of the demand on the service has yet been reached. Except for the months of October and November, 1950, the monthly details of patients carried would appear to be "levelling out," and it is hoped that the constant efforts which are being made to prevent the misuse of the service by persons who should undertake their journeys by means of public transport, and the co-operation of the general practitioners and the Hospital Management Committees, will bring this about.

During the year I have maintained close touch with the Local Medical Committee in connection with the use and misuse of the Ambulance Service, and it has been agreed that in so far as patients attending hospital out-patient departments are concerned, particularly physio-therapy departments, the Hospital Authorities will be responsible, in future, for the issue of medical certificates authorising the provision of ambulance transport. I have had the wholehearted co-operation of the Hospital Management Committees in this step and it is hoped that the effects of this change in procedure will soon begin to show themselves in a general reduction in the numbers of patients requiring transport to and from hospital out-patient departments.

TABLE A.
MONTHLY TOTALS OF WORK DONE BY ALL SECTIONS
OF THE COUNTY AMBULANCE SERVICE.
Year ended 31st December, 1950.

	Patients.	Journeys.	Miles.
January ..	13,279	6,634	136,723
February ..	12,801	5,444	121,935
March	14,856	6,307	142,404
April	12,781	5,695	119,838
May	14,763	6,681	142,726
June	14,909	6,595	144,108
July	14,314	6,238	139,742
August	13,700	6,486	133,566
September ..	14,177	6,387	131,833
October ..	16,455	6,932	143,003
November ..	16,483	6,735	140,593
December ..	14,020	6,042	126,587
Totals ..	172,538	76,176	1,623,058

TABLE B.
MONTHLY TOTALS OF WORK DONE BY THE COUNTY
COUNCIL-OWNED VEHICLES.
Year ended 31st December, 1950.

	Patients.	Journeys.	Miles.
January ..	10,425	5,168	103,779
February ..	10,087	4,175	94,379
March	11,676	4,826	109,027
April	9,960	4,443	91,953
May	11,639	5,273	112,385
June	11,755	5,205	112,512
July	11,338	4,984	111,029
August ..	10,825	5,247	105,165
September ..	11,167	5,065	102,017
October ..	12,713	5,483	111,062
November ..	12,876	5,345	110,137
December ..	10,873	4,780	98,758
Totals ..	135,334	59,994	1,262,203

TABLE C.
MONTHLY TOTALS OF WORK DONE BY THE ORDER
OF ST. JOHN.
Year ended 31st December, 1950.

	Patients.	Journeys.	Miles.
January ..	1,993	922	23,653
February ..	1,826	788	20,073
March	2,263	959	24,028
April	2,044	836	21,061
May	2,240	921	22,243
June	2,323	914	23,070
July	2,063	790	20,921
August	2,078	816	20,850
September ..	2,117	881	21,764
October ..	2,650	947	23,726
November ..	2,566	957	23,303
December ..	2,256	839	20,893
Totals ..	26,419	10,570	265,585

TABLE D.
MONTHLY TOTALS OF WORK DONE BY CONTRACTORS,
PRIVATE HIRERS, AND OTHER LOCAL AUTHORITIES.
Year ended 31st December, 1950.

	Patients.	Journeys.	Miles.
January ..	861	544	9,291
February ..	888	481	7,483
March	917	522	9,349
April	777	416	6,824
May	884	487	8,098
June	831	476	8,526
July	913	464	7,792
August ..	797	423	7,551
September ..	893	441	8,052
October ..	1,092	502	8,215
November ..	1,041	433	7,153
December ..	891	423	6,936
Totals ..	10,785	5,612	95,270

TABLE E.

MONTHLY TOTALS OF WORK DONE BY THE VARIOUS SECTIONS OF THE COUNTY AMBULANCE SERVICE FROM THE 5TH JULY TO THE 31ST DECEMBER, 1948, THE 1ST JANUARY, 1949, TO THE 31ST DECEMBER, 1949, AND THE 1ST JANUARY TO THE 31ST DECEMBER, 1950.

	County Council-owned vehicles.			Order of St. John.					
				As part of Scheme.			Outside Scheme.		
	5/7/48 to 31/12/48.	Year 1949.	Year 1950.	5/7/48 to 31/12/48.	Year 1949.	Year 1950.	5/7/48 to 31/12/48.	Year 1949.	Year 1950.
Number of patients carried	15,578	95,217	135,334	9,778	23,812	26,419	50	14	—
Number of journeys made	9,307	50,452	59,994	5,764	11,981	10,570	29	11	—
Number of miles travelled	175,248	961,886	1,262,203	145,897	278,465	265,585	3,728	3,089	—

	Contractors operating on behalf of County Council.			Private Hirers.			Other Local Authorities.		
	5/7/48 to 31/12/48.	Year 1949.	Year 1950.	5/7/48 to 31/12/48.	Year 1949.	Year 1950.	5/7/48 to 31/12/48.	Year 1949.	Year 1950.
	5/7/48 to 31/12/48.	Year 1949.	Year 1950.	5/7/48 to 31/12/48.	Year 1949.	Year 1950.	5/7/48 to 31/12/48.	Year 1949.	Year 1950.
Number of patients carried	2,427	6,689	8,348	5,210	4,127	2,317	611	254	120
Number of journeys made	1,545	3,902	4,057	4,688	3,420	1,438	443	195	117
Number of miles travelled	32,062	75,227	69,065	84,813	68,855	23,827	8,841	4,122	2,381

TABLE F.

TOTAL NUMBER OF PATIENTS CARRIED, JOURNEYS MADE, AND MILES TRAVELLED BY AMBULANCES AND CARS FROM THE 5TH JULY TO THE 31ST DECEMBER, 1948, the 1st JANUARY, 1949, TO THE 31ST DECEMBER, 1949, AND THE 1st JANUARY TO THE 31ST DECEMBER, 1950, MONTHLY AVERAGES AND PERCENTAGE INCREASES FOR THE RESPECTIVE PERIODS.

	Totals.			Monthly Averages.			Percentage Increase in Monthly Averages.		
	5/7/48 to 31/12/48.	1/1/49 to 31/12/49.	1/1/50 to 31/12/50.	1948.	1949.	1950.	1949 over 1948.	1950 over 1948.	1950 over 1949.
Patients carried	33,654	130,113	172,538	5,609	10,843	14,378	93.3	156.3	32.6
Journeys made	21,776	69,961	76,176	3,629	5,830	6,348	60.6	74.9	8.8
Miles travelled	450,589	1,391,644	1,623,061	75,098	115,970	135,255	54.4	80.1	16.6

SECTION 28.—PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

PROVISION OF NURSING EQUIPMENT AND APPARATUS.

From the 1st April, 1950, the arrangements under which nursing requisites were provided on loan through the agency of the Order of St. John, were discontinued, and much of the equipment in the possession of that organisation was purchased by the County Council. The following local committees of the St. John organisation wished to continue to operate their own medical comforts scheme and consequently no items of equipment were taken over from these centres although arrangements were made for the County Council service also to be available in the areas concerned :—

Bedlinog.	Tonyrefail.
Onllwyn, Banwen.	Trelewis.
Pontlloftyn.	Ynysybwl.
Seven Sisters.	

Small stocks of medical comforts likely to be in most frequent demand were issued to each home nurse for the benefit of patients requiring the temporary use of any of the items in her charge. The County is thus well covered, and the home nurses are doing excellent work in arranging the issue of medical comforts on loan to patients requiring them.

Divisional Medical Comforts Stores supplement the stocks held by home nurses and hold larger items of equipment for issue when required.

During the year 2,954 issues were made and the service was much appreciated.

The cleansing of returned equipment was expected to cause some difficulty, but this has not been insuperable.

PROVISION OF CONVALESCENCE.

Thirteen men and 44 women were provided with periods of convalescent during the year. Most of these had been undergoing treatment in hospital. A few applications from people who seemed to think that the scheme exists for the purpose of providing them with an annual holiday, were rejected. Most of the patients were sent to The Rest, Porthcawl, where there are excellent facilities for recuperation.

The selection of suitable cases is not an easy task, bearing in mind that the purpose of the Council's scheme under this section is to provide a short period of convalescence in order to restore to a state of fitness those who, having recently suffered from illness, are no longer in need of medical or nursing care. It is as well that the aim of most people is to resume their normal activities as soon as possible after a period of sickness, but there is a proportion whose illness would be protracted if it were not for the improvement and benefit to be derived from a change to congenial surroundings away from routine cares. The limited accommodation of convalescent homes would be quite inadequate to meet the potential demand from those who wish to make it their annual holiday without cost, and second applications are generally refused.

TUBERCULOSIS.

The Council's after-care arrangements include the supply of nursing requisites, extra nourishment, clothing, etc., to tuberculous patients, and beds and bedding are all supplied to patients whose segregation from other members of the household could not otherwise be effected. We are indebted to the Chest Physicians of the Regional Hospital Board for the ready assistance they give which enables the Divisional Medical Officers to deal promptly with applications.

No applications were received for the boarding-out of children of infected parents to prevent infection. There is, as one would expect, a reluctance to send the children away from home, but there is likely to be an extension of short term boarding-out while B.C.G. inoculation of those recommended for this measure is done. The attendance of health visitors at chest clinics, their reports on the patients, home environment, and the assistance given by the home nurse or home help in suitable cases, bring the Local Health Authority's services into the foreground in the liaison which must be maintained with the Chest Physicians and the District Medical Officers of Health in the promotion of the health and welfare of patients and household contacts.

B.C.G. Vaccination.

It is 30 years since Calmette named the vaccine which he and Guérin introduced in their effort to produce a prophylactic which could take the place of a primary tubercular infection and thus build up a resistance to this disease. After extensive trials, particularly in the Scandinavian countries, the efficacy of the vaccine now available has been proved. The Ministry of Health in February, 1950, gave consent to its use, for the vaccination by Chest Physicians and others trained in its use in any individual case in which he considers it desirable and is satisfied through the necessary preliminary tests that it can be suitably given.

In Glamorgan the work is carried out by the Chest Physicians and the number of vaccinations given in respect of patients in Glamorgan during the year 1950 was as follows :—

Age at date of vaccination.	Under 1.	1 to 4.	5 to 14.	15 or over.	Total.
No. of males vaccinated ..	13	18	29	2	62
No. of females vaccinated ..	19	21	25	56	121
Total	32	39	54	58	183

HEALTH EDUCATION.

Publicity material was obtained from the Central Council for Health Education on a variety of subjects and supplied to each Health Division for distribution at clinics or otherwise, thus supplementing the national publicity arranged by the Central Office of Information on behalf of the Ministry of Health.

Skilfully devised publicity material as a medium of health education has the obvious advantages of the "visual" approach, but it should be regarded as a means of paving the way to a persuasive personal approach of the doctor, dentist, health visitor, or teacher to supplement or emphasise the message of the poster or pamphlet.

Our Health Visitors are fully aware of the important contribution they can make, and at the refresher course held for Health Visitors at Dyffryn House last year, a special session was devoted to methods of individual and group teaching.

SECTION 29.—HOME HELP SERVICE.

The establishment of a Home Help Service in the County for the household where such help is required owing to the presence of any person who is ill, lying-in, etc., proceeded steadily during the year. The home help staffing position on the 31st December, 1950, as compared with that on the same date in 1948 and 1949 was as follows :—

			<i>Whole-time.</i>	<i>Part-time.</i>	<i>Casual.</i>
1948	..	..	44	26	—
1949	..	..	106	63	—
1950	..	..	105	153	27

Under the heading *part-time* are included women who undertake to give regularly each week a minimum number of whole-day or half-day sessions, usually totalling not less than 24 hours per week. A new type of appointment introduced during the year is that of *Casual Home Helps*. These are available when called upon for service, but their periods of work do not necessarily conform to a regular time table, although they may occasionally undertake temporary full-time duty ; they are particularly useful in rural areas.

The authorised establishment for the financial year commencing 1st April, 1950, was on the basis of one whole-time home help to 3,500 population, but owing to the demand for this service in the under-mentioned divisions, the Committee agreed in December, 1950, to the following increases of establishment :—

Aberdare and Mountain Ash	..	..	..	3
Caerphilly and Gelligaer ..	..	..	..	4
Pontypridd and Llantrisant	..	..	..	3
Port Talbot and Glyncoirwg	..	..	..	3
West Glamorgan ..	..	..	..	3
Rhondda ..	..	..	..	6

SICKNESS RATE.

The high sickness rate among the Home Help staffs is still one of the greatest drawbacks to the administration of an efficient service. Further efforts to bring about an improvement in this direction are now being made, and it is worth noting that those employees who have been withdrawn from the regular service on account of long periods of sickness and absence from duty, are giving dependable service on the casual staff.

RECRUITMENT.

The annual reports of the Divisional Medical Officers make no comment about recruitment. Although there were a greater number of applicants than in the preceding year, wastage is considerable. Many women still resign after only a short period of duty and changes of personnel in this service are constantly being notified. Very few of the Home Helps are free from personal obligations or from the need to perform their own domestic duties. In 1949 there were 122 resignations out of 221 appointments. Last year the number of resignations was 149 out of a total of 265 appointments.

The staffs attached to the four divisions in the north-east of the County—Aberdare, Caerphilly and Gelligaer, Pontypridd, and Rhondda—now appear to be fairly stabilised. In the other five divisions however, frequent changes are still being notified.

Another interesting fact is that only 24 of the Home Helps appointed during 1948 remain among the total of 285 Home Helps employed on the 31st December, 1950.

Uncongenial and too laborious work in frequently changing households where arrears of domestic work have inevitably accrued are, in my opinion, the most important reasons for the many resignations that occur.

An experienced, conscientious Home Help who can cope efficiently with all the work entailed in managing temporarily a stranger's household, whether in time of sickness or otherwise, and can cook, clean, make, mend, and care for any children that may be there, is undertaking practical social work of prime value and is making a greater contribution than she realises to human happiness.

On the operation of the service in general, the Divisional Medical Officers have commented as follows:—

Caerphilly and Gelligacr Health Division.

"In this Division there are a number of aged and sick pensioners for whom some provision is necessary. Requests for help from these classes are continually increasing as the service gets better known and I do not think that we have yet reached our limits.

One method, I think, whereby the situation might be relieved is by some provision being made for laundry. Many elderly couples have stated that they can manage their homes with very little help, but were not well enough or strong enough to tackle the weekly wash. I find that there are many cases where we are sending home help almost entirely on account of this and we can certainly save many hours a week and release helps for more urgent work if this problem could be tackled. It would also help to minimise the ever present complaints from the Home Helps themselves of the frequency of having to wash clothes in different houses on many days a week.

As a long term project one could think of such things as municipal laundries, but for more immediate relief I think we could look to the National Assistance Board. Those in receipt of National Assistance can apply for a special grant for laundry which would enable the applicant, if successful, to send the washing out. Many of our cases are in receipt of National Assistance so that the potentialities are considerable. Other possibilities of reducing the calls on the Home Helps are by such things as "Sitters In" and "Meals on Wheels" services to take a daily mid-day meal to aged persons not fit enough to do the cooking themselves.

My impression is that the Home Help Service is becoming too much of a service for looking after the aged and infirm, whereas its most important function, I think, should be in running households where the housewife is acutely ill and cannot attend to her children or the needs of the husband who is out all day at work and doing such things, for example, as getting the children off to school, going out to do the shopping, and getting the house and meals ready by the time the husband returns from work. The same would apply in maternity cases."

Mid-Glamorgan Health Division.

"This service has shown a remarkable development during the year. The staff has increased from 21 to 46 and the number of cases attended from 92 to 198. A great deal of supervision must of necessity be given to the staff and much time is spent in visiting and ascertaining the needs of applicants for the service.

The Divisional Committee are at present considering the question of sitters-in and have communicated with the District Councils who are setting up 'Old People Welfare Committees' to see if they can assist by providing voluntary workers. I feel that if such help could be obtained either voluntarily or by setting up of a paid service, the home help service could be more advantageously utilised. The number of cases at present being assisted are predominantly the aged and chronic sick. These people usually require home help only a few mornings a week and in such cases the casual home help has proved extremely useful."

Port Talbot and Glyncorrwg Health Division.

"This service has steadily expanded during the year but despite expansion it has rarely been possible to deal adequately with all demands. It has undoubtedly filled the need in the community. The service is, however, still being developed and problems in administration and supervision are still arising."

West Glamorgan Health Division.

"This service has grown rapidly and during the year 196 households were given help. This number was approximately double that of the previous year and it appears that the demand for the service grows as the service itself grows. The establishment during the year was the equivalent of 20 whole-time helps, but this number will have to greatly increase if the same measure of assistance is to be granted as in the past.

A higher percentage of the households are fee paying or part fee paying than during 1949 and it is gratifying to see that a higher number of tuberculous and blind are now receiving the assistance given by this service.

Rhondda Health Division.

"The number of home or domestic helps employed in the division increased from 28 at the beginning of the year to 41 at the end of the year; the latter number, however, represented the equivalent of 32 whole-time helps as compared with the equivalent of 27 whole-time helps at the beginning of the year.

The number of cases provided with domestic help was 333, representing an increase of 56 over the corresponding number in the previous year; help was provided for 34 more cases of the chronic sick and 25 more cases of the aged or infirm group, whilst there was a diminution of five in the number of maternity cases provided with help.

There was a considerable 'turnover' of employees in this service; eight helpers left the service, 21 new helpers were engaged, and enquiries or investigations were made in respect of 86 applicants for employment.

The benefits of this service were very much appreciated by a large number of people in the division, especially the aged, infirm, and chronic sick, many of whom would otherwise have suffered considerable hardship through lack of much-needed household assistance.

Although it was seldom found necessary to decline applications for the provision of home help, it is realised that most of the cases assisted did not receive as much help as they needed and it is unlikely that the need can be fully met even after the employment of the additional staff, amounting to the equivalent of six whole-time home helps, which the County Council have authorised in this division from the 1st April, 1951.

It is becoming increasingly clear that if the service is to be administered to the best possible advantage, early consideration should be given to the advisability of appointing a whole-time officer, either to undertake the exclusive supervision of the Home Help Service or to assist the present supervisor, who is also charged with the immediate control of midwives and home nurses. The success of the service depends largely on the selection of the right type of individual for appointment as home help, and, in connection with the interview of candidates for appointment, it is important that a uniform standard of requirement should be applied. Uniformity is also very desirable in the investigation of applications for assistance, and this can only be attained if undertaken by the same officer. It is important that there should be a dependable assessment of the relative needs of the cases under consideration, especially if the limited amount of service available is to be used to the best possible advantage and for the benefit of those households which are in greatest need.

The authorised establishment of home helps at the end of the year 1950 was equivalent to 32 whole-time helps and the number of individuals employed amounted to 41, comprising 24 whole-time, 14 part-time, and three casual home helps.

When the revised establishment of home helps becomes operative on the 1st April, 1951, the total number of midwives, home nurses, and home helps under the direction of the same supervisor will amount to at least 90, including about 50 whole-time, part-time, or casual home helps. These home helps will probably be employed in about 120 to 130 different households, each of which should be visited with reasonable frequency with a view to verifying the continued need of help and to guarding against any possible abuse of the service."

The total number of householders supplied with help during the year was 1,774, and the analysis of cases is shown below :—

HOME HELP SERVICE.

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Total.
No. of Home Helps employed at the 31st December, 1950—										
Whole-time ..	16	12	7	5	12	2	19	8	24	105
Part-time	7	13	19	22	10	29	16	23	14	153
Casuals	—	—	20	—	—	—	4	—	3	27
No. and types of cases where Home Help was provided during the year—										
Maternity	44	53	60	44	30	37	78	60	93	499
Tuberculous ..	12	10	6	3	6	9	7	7	19	79
Chronic sick ..	43	15	36	36	56	30	44	43	105	408
Aged and infirm ..	70	109	31	27	10	39	30	42	50	408
Blind	4	8	9	7	3	3	6	6	9	55
Mental	—	—	—	—	—	1	1	—	1	3
Acute sick ..	34	30	35	14	31	12	48	30	50	284
Others	—	—	21	—	—	—	3	8	6	38
No. of cases in which charges were made in accordance with the recovery scale—										
Whole fee charged	14	5	10	4	2	9	28	8	8	83
Part fee charged ..	74	79	107	58	57	48	132	104	121	780
Free service ..	119	141	81	69	77	74	57	84	204	906

SECTION 51.—MENTAL HEALTH SERVICE.

ADMINISTRATION.

(a) The Authority's powers and duties under the Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-38, since 5th July, 1948, have been the responsibility of the Health Committee, which appointed the Special Health Services Sub-Committee to deal with all these matters.

(b) *Staff.*

Despite repeated advertisements it has still not been possible to appoint the following staff :—

- One Senior Medical Officer.
- One Psychiatric Social Worker.
- Two Social Workers.
- One Supervisor of Mental Defectives.

The only staff change during the year has been the appointment of a part-time Home Teacher for Mental Defectives. The following are now engaged on Mental Health work :—

Mental Deficiency Acts, 1913-38.

Part-time Medical Officer	..	Dr. David T. Lewis.
Petitioning Officers	.. ..	The County Medical Officer. Mr. W. J. Harris.
Supervisors	.. ..	Miss Catherine Jones, S.R.M.N. Miss Janet Owen, S.R.M.N. Miss Norah L. Roberts, R.M.P.A.
Part-time Home Teacher	..	Mrs. G. J. Edwards (from 23rd January, 1950).

Greenhill Occupation Centre.

Supervisor	.. ..	Miss M. E. Stephens.
Assistant Supervisor	.. ..	Miss M. J. Lloyd.
Caretaker-Instructor	.. ..	Mr. D. T. Bowen. (Mrs. Bowen assists her husband with the duties of caretaker.)

*Lunacy and Mental Treatment Acts, 1890-1930.**Duly Authorised Officers.*

Mr. W. S. Davies	.. ..	Rhondda Area.
Mr. D. G. Evans	.. ..	Caerphilly, Gelligaer, and South-East Glamorgan Areas.
Mr. Ivor Evans	.. ..	Neath and West Glamorgan Areas.
Mr. D. L. Lewis	.. ..	Mid-Glamorgan, Port Talbot, and Glyncoirwg Areas.
Mr. S. Williams	.. ..	Aberdare, Mountain Ash, Pontypridd, and Llantrisant Areas.

(c) *Co-ordination with Regional Hospital Boards and Hospital Management Committees.*

Dr. R. T. Bevan and Dr. David T. Lewis have been able to carry out all necessary medical examinations under the Mental Deficiency Acts, and it has not been necessary during the year to call on the Regional Hospital Board for any assistance in this respect.

The Supervisors of Mental Defectives continued their visits to defectives on licence from institutions and also reported on home circumstances in respect of patients applying for home leave and of cases due for review by the visiting justices. In all, 766 visits were made on behalf of hospital authorities.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

(a) *Prevention, Care and After-care under Section 28 of the National Health Service Act, 1946.*

Home visits to mental defectives under guardianship and supervision have been continued. This work also involves calls to the offices of the National Assistance Board, the Labour Exchanges, or Youth Employment Bureaux. During the year the supervisors made 4,172 visits in addition to the 776 visits on behalf of the hospital authorities.

After-care visits to mental treatment patients discharged from mental hospitals are made only in those cases where such visits are advised by the Medical Superintendent concerned and where the patient offers no objection. These personal calls appear to be appreciated by the patients and are continued as long as it is considered advisable.

(b) There was an increase of 112 cases in the admissions to mental hospitals arranged by the duly authorised officers under the Lunacy and Mental Treatment Acts, 1890–1930, most of which were voluntary patients.

SUMMARY OF HOSPITAL ADMISSIONS ARRANGED BY DULY AUTHORISED OFFICERS.
Period 1st January—31st December.

Year.	Mental Treatment Act, 1930, Section 1. Voluntary patients.		Mental Treatment Act, 1930, Section 5. Temporary patients.		Lunacy Act, 1890, Section 14 (2). Persons in need of proper care and attention.		Lunacy Act, 1890, Section 16. Patients certified as of unsound mind.		Lunacy Act, 1890, Section 20. Patients admitted for observation.		Total admissions arranged.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1949	96	121	3	2	65	85	28	27	4	7	438
1950	139	176	2	9	45	65	45	45	14	10	550

(c) *Under the Mental Deficiency Acts, 1913–38.*

(i) *Ascertainment.*

The following table gives a comparison of the work carried out during 1950 with that of 1949 :—

Year.	No. of defectives ascertained as subject to be dealt with during the year.	No. of examinations made by Medical Officer during the year.	No. of patients under guardianship on 31st December.	No. of patients under statutory and other supervision on 31st December.	No. of patients admitted during the year to—	
					Institutions.	Places of Safety.
1949	118	534	229	803	25	3
1950	111	514	71	1,114	15	2

Of the 514 cases medically examined, 111 were under guardianship and discharge was recommended in 92 of these cases, who have since been placed under friendly supervision by a mental health supervisor, whilst five guardianship patients were considered in need of institutional care.

One hundred of the newly ascertained patients were placed under statutory supervision.

Owing to the continued building difficulties it has not been possible to open another occupation centre and Greenhill remains the only centre in the County, but it is hoped that it will be possible to build an extension to this centre within the next financial year.

A few cases from the western part of the County have been able to attend the Swansea Industrial and Occupation Centre and it is gratifying to find that, despite the travelling difficulties, they are very regular in their attendance.

A new departure during the year was the employment of a home teacher in the Mid-Glamorgan Area. Three children have each received an hour's tuition a week and, although improvement has been slow, there is no doubt that it has brought interest into the lives of the children concerned.

GENERAL REMARKS.

The number of beds available in certified institutions for the reception of defectives remains woefully insufficient to meet the need, and in Glamorgan many defectives who had been strongly recommended for institutional treatment owing to anti-social or other undesirable behaviour remained in the care of relatives. Fortunately most of the ascertained defectives known to the department do not need institutional treatment and can be well cared for at home. In this category are 32 males and 39 females under guardianship and 202 males and 222 females who are under statutory supervision. Of the 181 males and 169 females who, on the 31st December, 1950, remained on the list of those recommended for admission to institutions, a priority list of 24, assessed according to urgency of need, had been prepared. This list is periodically reviewed and adjusted and the Regional Hospital Board, who fully appreciate the need of more institutional accommodation, are kept informed so that they are at all times aware of the particulars of patients in the priority and non-priority groups for whom admission is sought.

The following notes are typical of cases on the priority list awaiting admission :—

- Case 1—Boy aged 7 years . . . An imbecile. He is extremely restless and noisy and needs constant care and attention. He cannot be trusted out of doors. He is never still and attacks his five brothers and sisters and throws articles at them and on to the fire. His mother cannot cope with him and care for her other young children. His brother (aged 6 years) is also an imbecile who suffers frequent epileptic fits and has to be forcibly fed.
- Case 2—Boy aged 15 years . . . This boy is an imbecile and is subject to frequent epileptic fits. At home he is quite uncontrollable and is continually throwing and smashing articles. He has pushed his mother down the stairs and attacked his sister, and is subject to fits which occur almost daily. His mother is worn out and the family cannot cope with his behaviour.
- Case 3—Girl aged 11 years . . . An imbecile. Extremely restless and frequently kicks and strikes her young brother (aged 5 years) and others. Is very destructive, removes fireguard, and throws anything to hand on the fire. Has recently singed her arm and on another occasion got lighted coals out on mat. Mother is finding it a very great strain to look after the child, who is getting more and more difficult to control.
- Case 4—Girl aged 10 years . . . An imbecile. Unable to speak or guard herself against common physical dangers. Unable to wash or dress herself. A deaf mute. Very destructive, jumps on furniture, and subject to attacks of temper. Is likely to do serious hurt to her younger brother (aged 6 years). Causes unpleasantness at home by pilfering from other occupants of the house as the family are still living in two rooms.
- Case 5—Woman aged 22 years . . . An imbecile. Childish. Cannot read or attend to her personal cleanliness. Is completely idle and useless. She is suffering from delusions and has threatened to commit suicide. Her mother is a widow in poor health and unable to cope with the strain of caring for the patient.

Dr. R. T. Bevan, my Deputy, has taken a keen interest in this side of the work and has made personal visits to the homes of many of the defectives known to the department. The figures contained in this section of the report give no hint of the attention and affection bestowed by parents and relatives on defectives in their care, nor of the instances known to the department of burdens bravely borne, often until the breaking point of mental and physical endurance is reached, by relatives distracted by the unceasing strain of ministering to the needs of the helpless or difficult defective.

Although it is realised by parents that the Local Health Authority are often unable to be of practical assistance, the visits of the mental health supervisors are always welcomed, a fact which is eloquent of their sympathy and efficiency as social workers in a very difficult field.

Close liaison is maintained with Hensol Castle Institution and reports are furnished on request on the homes of patients whom it is desired to send on licence or short leave .

ABERAMAN OCCUPATION CENTRE.

At the end of the year the approximate number of defectives in attendance at this centre was 24 males and 17 females.

A certain amount of minor but essential building maintenance work was undertaken by the County Architect during the year and provision has been made for more to be done, including the building of a workshop next year, so that better facilities will be available for the training of the boys.

THE AGED MENTALLY INFIRM.

Accommodation for old people who have become mentally infirm is a pressing need, of which Regional Hospital Boards are aware.

At present large numbers of such persons are occupying beds in mental hospitals, their admission having been secured through the machinery of the Lunacy Acts. In some cases the abnormal behaviour problems associated with mental deterioration may have justified the action taken, but it is extremely doubtful whether, in the majority of these cases, recourse to the procedure of the Lunacy Acts is warranted.

Until proper provision has been made for the reception of the elderly mentally infirm who cannot be adequately cared for at home, their certification and admission to mental hospitals will prevent the use of beds by other patients needing and likely to benefit by active treatment.

In a circular letter dated the 1st April, 1950, to Regional Hospital Boards, the Ministry suggested the provision of (a) short stay psychiatric units and (b) long stay annexes to deal with persons suffering from mental infirmity arising out of old age.

I am unaware that any practical steps have yet been taken to meet the undoubted need in this County to provide accommodation of the type suggested.

MENTAL DEFICIENCY (AMENDMENT) REGULATIONS, 1950.

During the year the Mental Deficiency (Amendment) Regulations, 1950, came into operation. These regulations amended the Mental Deficiency Regulations, 1948, by revising the wording in some of the forms and declarations used in the presentation of petitions under the Mental Deficiency Act, 1913, and also brought the form of notice of death into conformity with the death certificate now in general use.

CARDIFF AND COUNTY PUBLIC HEALTH LABORATORY.

The steady increase in the work undertaken by the Cardiff and County Public Health Laboratory was maintained despite the difficulties encountered in obtaining all the qualified staff required.

During the year a total of 11,044 samples was examined as compared with 8,989 during 1949, which represents an increase of 22·9 per cent. This increase is mainly attributable to a large increase in the number of samples taken under the Food and Drugs Act, 1938, and the additional work undertaken on behalf of the Neath Borough and Merthyr Tydfil County Borough.

The Joint Laboratory continued to receive reports from Dr. Scott Thompson, the Director of the Medical Research Council Laboratory from whom we have received every assistance.

The following table gives an account of the chemical examinations undertaken at the Joint Laboratory during the year :—

Description of Samples.	County and County Districts.	Cardiff.	Other Authorities.	Total.
Food and Drugs Acts samples ..	4,971	—	359	5,330
Fertilisers and feeding stuffs ..	93	—	29	122
Motor spirit	—	—	11	11
Water	739	879	55	1,673
River water	90	47	—	137
Sewage and sewage effluents	452	2	—	454
Trade effluents	58	—	—	58
Pasteurised and sterilised milks ..	—	—	2,200	2,200
Ice cream	869	—	55	924
Atmospheric pollution	30	24	—	54
Urine	66	—	—	66
Miscellaneous	13	2	—	15
Totals	7,381	954	2,709	11,044

FOOD AND DRUGS ACT, 1938.

The County Council undertakes duties under the Food and Drugs Act, 1938, in all parts of the Administrative County, with the exception of the municipal boroughs of Neath and Port Talbot and the urban districts of Aberdare, Pontypridd, and Rhondda, whose councils retain autonomous powers as Food and Drugs Authorities.

Since 1st January, 1944, the responsibility for fixing standards of composition for certain kinds of food has devolved on the Ministry of Food, who, from time to time, have also issued Labelling of Food Orders, which have resulted in much-needed removal of misleading descriptions, which formerly were frequently to be seen on the products of the less reputable manufacturers of foodstuffs.

The increasing measures to ensure the protection of the public and to detect adulteration of foodstuffs are reflected in the tables set out on the following pages.

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Milk	799	1,113	1,912	146	172	318
Arrowroot	—	1	1	—	—	—
Aspirin	—	2	2	—	—	—
Aspro	—	4	4	—	—	—
Baked Pastry Mixture	—	1	1	—	—	—
Baked Sponge	—	1	1	—	—	—
Baking Powder	—	14	14	—	—	—
Barley Crystals	—	1	1	—	—	—
Barley Flakes	—	1	1	—	1	1
Barley Flour	—	3	3	—	—	—
Barley Kernels	—	4	4	—	—	—
Barley Pudding Mixture	—	2	2	—	1	1
Beans in Tomato Sauce	—	4	4	—	—	—
Beef Suet	—	3	3	—	—	—
Bicarbonate of Soda	—	2	2	—	—	—
Bisto	—	2	2	—	1	1
Bitter Beer	—	4	4	—	—	—
Blancmange	—	47	47	—	—	—
Blended Honey	—	1	1	—	—	—
Boiled Sweets	3	1	4	—	—	—
Boracic Acid	—	1	1	—	—	—
Boracic Crystals	—	1	1	—	—	—
Boracic Powder	—	2	2	—	—	—
Borax	—	2	2	—	—	—
Boric Ointment	—	1	1	—	—	—
Bottled Plums	—	1	1	—	—	—
Bovril	—	2	2	—	—	—
Brisling	—	2	2	—	—	—
Bun Flour	—	6	6	—	—	—
Bun and Cake Flour	—	2	2	—	—	—
Butter	40	—	40	—	—	—
Butter Beans	—	1	1	—	—	—
Cake Flan Mixture	—	1	1	—	—	—
Cake Flour Mixture	—	109	109	—	21	21
Cake Mixture	—	26	26	—	—	—
Cake and Pudding Mixture	—	1	1	—	—	—
Caramel Mixture	—	1	1	—	—	—
Camphorated Oil	—	1	1	—	—	—
Castor Oil	—	3	3	—	—	—
Celery Soup	—	1	1	—	—	—
Certo	—	1	1	—	—	—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Cheese	3	—	3	—	—	—
Chocolate Cake	—	1	1	—	—	—
Chocolate Spread	—	7	7	—	—	—
Chutney	—	2	2	—	—	—
Cinnamon	—	1	1	—	—	—
Cocoa	—	3	3	—	—	—
Cooking Fat	23	—	23	—	—	—
Coffee	—	22	22	—	—	—
Coffee and Chicory	—	2	2	—	—	—
Condensed Milk	—	19	19	—	—	—
Cornflour	—	42	42	—	—	—
Crab Paste	—	1	1	—	—	—
Creamola Foam	—	3	3	—	—	—
Currants	1	1	2	—	—	—
Curry Powder	—	2	2	—	—	—
Custard Powder	—	64	64	—	1	1
Cut Peel	—	1	1	—	—	—
Cut Salt	—	2	2	—	—	—
Dessert Mould	—	11	11	—	1	1
Dessert Powder	—	29	29	—	3	3
Dessicated Coconut	—	2	2	—	—	—
Dried Peas	—	18	18	—	—	—
Dried Thyme	—	2	2	—	—	—
Drinking Chocolate	—	4	4	—	1	1
Epsom Salts	—	4	4	—	—	—
Evaporated Salts	—	8	8	—	—	—
Farinoca	—	2	2	—	—	—
Fish Paste	—	11	11	—	—	—
Flour	—	6	6	—	—	—
Flour Mixture	—	8	8	—	—	—
Frizets.. ..	—	1	1	—	—	—
Gelatine	—	1	1	—	—	—
Ginger	—	1	1	—	—	—
Glauber Salts	—	1	1	—	—	—
Glendale Shreds	—	1	1	—	—	—
Glen Cetti Pearls	—	1	1	—	—	—
Golden Raising Powder	—	3	3	—	—	—
Golden Syrup.. ..	—	1	1	—	—	—
Granulated Gelatine	—	1	1	—	—	—
Grape Nuts	—	10	10	—	—	—
Grape Juice	—	1	1	—	—	—
Gravy Browning	—	13	13	—	—	—
Groats	—	1	1	—	—	—
Ground Ginger	—	1	1	—	—	—
Herbs	—	1	1	—	—	—
Herring Roes	—	1	1	—	—	—
Honey	—	2	2	—	—	—
Iodine	—	1	1	—	—	—
Jaña Juice Cordial	—	1	1	—	—	—
Jam	—	20	20	—	—	—
Jelly	—	20	20	—	—	—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Kipper Snacks	—	1	1	—	—	—
Lard	4	—	4	—	—	—
Lemon Cheese	—	2	2	—	—	—
Lemon Curd	—	5	5	—	—	—
Lemonade Crystals	—	1	1	—	—	—
Macaroni	—	27	27	—	—	—
Mackerel in Tomato Sauce	—	1	1	—	—	—
Malt Vinegar	—	5	5	—	—	—
Margarine	25	—	25	—	—	—
Marmalade	—	2	2	—	—	—
Marmite	—	1	1	—	—	—
Mayonnaise	—	1	1	—	—	—
Meat Paste	—	14	14	—	—	—
Meat Roll	—	1	1	—	—	—
Mild Beer	—	7	7	—	—	—
Milk Powder	—	1	1	—	—	—
Milk Pudding	—	2	2	—	—	—
Mince Pie	—	2	2	—	—	—
Mint Sauce	—	1	1	—	—	—
Mixed Peel	—	1	1	—	—	—
Mixed Spice	—	4	4	—	—	—
Mixed Vegetable Soup	—	1	1	—	—	—
Mulligatawny Soup	—	1	1	—	—	—
Mushroom Soup	—	1	1	—	—	—
Mustard	—	5	5	—	—	—
Nescafe	—	4	4	—	—	—
Nutmeg	—	1	1	—	—	—
Non-Brewed Vinegar	—	1	1	—	—	—
Oatrex	—	1	1	—	—	—
Olive Oil	—	3	3	—	—	—
Orangeade	—	1	1	—	—	—
Pale Ale	—	1	1	—	—	—
Pancake Mixture	—	1	1	—	—	—
Parsley and Thyme Stuffing	—	2	2	—	—	—
Pastry Mixture	—	6	6	—	4	4
Pate De Foie	—	1	1	—	—	—
Pea Flour	—	1	1	—	—	—
Pearl Barley	—	6	6	—	—	—
Pepper	—	3	3	—	—	—
Pepper Composition	—	2	2	—	—	—
Pickles	—	2	2	—	—	—
Pickled Beetroot	—	1	1	—	—	—
Pickled Cabbage	—	4	4	—	—	—
Pickled Onions	—	5	5	—	—	—
Pie Crust	—	2	2	—	—	—
Plasmon Oats	—	1	1	—	—	—
Pork and Beef Loaf	—	1	1	—	—	—
Postum Beverage	—	1	1	—	—	—
Potato Powder	—	1	1	—	—	—
Potted Paste	—	1	1	—	—	—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Processed Peas	—	4	4	—	—	—
Pudding Mixture	—	84	84	—	26	26
Pudding Spice	—	1	1	—	—	—
Raisins	—	2	2	—	—	—
Rhubarb in Syrup	—	1	1	—	—	—
Rice	—	14	14	—	—	—
Rissole Mixture	—	3	3	—	—	—
Royal Dessert	—	1	1	—	—	—
Saccharin	—	7	7	—	—	—
Sage	—	1	1	—	—	—
Sage and Onion Stuffing	—	2	2	—	—	—
Sago	—	15	15	—	—	—
Salad Cream	—	5	5	—	—	—
Salad Dressing	—	2	2	—	—	—
Salmon Spread Paste	—	1	1	—	—	—
Salmon and Shrimp Paste	—	1	1	—	—	—
Salt	—	5	5	—	—	—
Sandwich Spread	—	2	2	—	—	—
Sardines	—	6	6	—	—	—
Sauce	1	19	20	—	—	—
Scone Mixture	—	22	22	—	11	11
Self-raising Flour	—	22	22	—	—	—
Semolina	—	23	23	—	1	1
Shredded Macaroons.. .. .	—	1	1	—	—	—
Shredded Suet	—	1	1	—	—	—
Sieved Apple	—	4	4	—	—	—
Sild	—	1	1	—	—	—
Soup	—	7	7	—	—	—
Spaghetti Pearls	—	7	7	—	—	—
Split Peas	—	1	1	—	—	—
Sponge, Cake, and Pudding Flour						
Mixture	—	3	3	—	3	3
Sponge Mixture	—	129	129	—	8	8
Stuffing	—	6	6	—	—	—
Sultanas	8	—	8	—	—	—
Sweetened Fat	—	1	1	—	1	1
Sweet Pickle	—	2	2	—	—	—
Tapioca	—	8	8	—	—	—
Tea	1	14	15	—	—	—
Thyme	—	2	2	—	—	—
Tincture of Iodine	—	2	2	—	—	—
Tincture of Quinine	—	2	2	—	—	—
Tinned Apples	—	4	4	—	—	—
Tinned Beans.. .. .	—	4	4	—	—	—
Tinned Fish	—	3	3	—	—	—
Tinned Jam	—	1	1	—	—	—
Tinned Peas	—	12	12	—	—	—
Tinned Plums	—	2	2	—	—	—
Tinned Tomatoes	—	1	1	—	—	—
Tinned Potatoes	—	1	1	—	—	—

Article. (1)	Number examined.			No adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Tinned Rabbit	—	1	1	—	—	—
Tinned Rhubarb	—	1	1	—	—	—
Tinned Soup	—	2	2	—	—	—
Tomato Sauce	—	9	9	—	—	—
Tongue Paste	—	1	1	—	—	—
Vanilla Flavouring Essence	—	1	1	—	—	—
Veal and Ham Paste	—	1	1	—	—	—
Vegemite	—	1	1	—	—	—
Vegetable Soup	—	4	4	—	—	—
Vegetable Salad	—	2	2	—	—	—
Vermicelli	—	8	8	—	—	—
Vinegar	—	31	31	—	—	—
Total	908	2,401	3,309	146	256	402

During the year 3,309 samples, or 4.4 samples per 1,000 population, were collected from the County area for which the Council is responsible as a Food and Drugs Authority, and submitted for analysis by the Analyst. This area excludes the municipal boroughs of Neath and Port Talbot and the urban districts of Aberdare, Pontypridd, and Rhondda.

Four hundred and two samples, or 12.1 per cent of the total samples collected, were found to be unsatisfactory. Of the 1,912 samples of milk taken, 1,594, or 83.3 per cent, were found to conform with the standards laid down for genuine milk, which should contain not less than 3 per cent milk fat and not less than 8.5 per cent non-fatty solids. It does not, however, follow that the remaining 318 samples were of adulterated milk since 173 samples did not reach the standard for non-fatty solids, but in each case the freezing point test showed no evidence of added water. Then again, the following butter fat deficiencies were found on analysis :—

46 lower than 5 per cent,

37 between 5 and 15 per cent, and

22 above 15 per cent.

Where the "appeal to the cow" procedure was followed where deficiency of butter fat was found, the results indicated that all were genuine milk.

Other than milk, the greatest number of irregular samples were of pudding mixtures infested with meal mites. During the year there were 76 cases of meal mite infestation, one case of growth of mould, two cases of larvae of moth, and five cases of rancidity of fat. No legal action is taken on these samples, as cake and pudding mixtures are sampled informally. The local sanitary authority in each case has been asked to arrange for the confiscation of all remaining stocks held by the retailers, and steps are taken to inform the manufacturers of any unsatisfactory products so that every effort may be made on their part to avoid further cause for complaint.

During the year legal proceedings in respect of unsatisfactory or adulterated foodstuffs were undertaken in 32 cases, fines totalling £608 18s. 6d. being imposed upon the vendors in 30 cases, and the remaining two cases were dismissed.

FOOD HYGIENE.

The large number of establishments where food for human consumption is prepared justifies the increasing concern which has been shown during the past year in proper methods of food handling. Whether food is prepared in a school kitchen, works canteen, or commercial restaurant, personal or general uncleanness adds to the risk of food infection, and the dangers of communal food poisoning will be lessened only if the simple rules of hygiene are followed by those engaged in the handling of food at any stage in its preparation or serving.

The councils of County districts are doing good work in encouraging the local catering trades to interest themselves in the need for special cleanliness of equipment and of kitchen staff, waitresses, and others handling food. The "Standard Code" suggested by the Working Party on Food Handling does not set too high a standard and much more than the standard minimum should be demanded.

Unfortunately individual practice lags far behind public opinion in this matter, and even the importance of timely hand washing is not yet fully appreciated either by those engaged in the industry or by the consumer.

THE MILK (SPECIAL DESIGNATIONS) (PASTEURISED AND STERILISED MILK) REGULATION, 1949.

Under these regulations the County Council is responsible for the issue of dealers' licences in respect of heat treatment plants operated within that part of the County for which they are responsible under the Food and Drugs Act, 1938.

There were 17 such licences in operation on the 31st December, 1950. Regular visits of inspection are made by the County Sanitary Inspectors, who take samples in order to check the efficiency of pasteurisation. Unsatisfactory results are reported to the Ministry of Food. During the year 387 samples were taken, of which 23 were unsatisfactory, 12 on the methylene blue test, and 11 on the phosphatase test.

PHARMACY AND POISONS ACT, 1933.

Since the 1st July, 1950, when my department took over from the County Police the duties of inspection in connection with registration of premises on which poisons included in Part II of the Poisons List are permitted to be sold, 30 inspections were undertaken up to the end of the year by the County Sanitary Inspector and the Assistant County Sanitary Inspector.

POLLUTION OF RIVERS.

During the year regular sampling of the larger rivers and sewage plants was undertaken by the County Sanitary Inspector and his Assistant. The following is a summary of the work performed :—

(a) *Visits of inspection.*

The visits paid during the year were as follows :—

Sewage disposal works	..	..	..	..	225
River water samples ..	..	..	..	..	90
Total	..	..	..	..	315

(b) Analysis of samples.

Sewage effluents 225

Character of Crude Sewage.	Character of Effluent after Purification.		
	Efficient.	Fairly Efficient.	Inefficient.
Strong	4	2	11
Moderate	19	10	24
Weak	128	12	15

The results of all effluent analyses are reported to the district medical officers of health concerned.

HOUSING.

The following table on housing progress during the year reveals that the number of houses completed by local authorities was 780 less than in 1949, and 2,331 less than in 1948. The number of houses partly completed showed an increase of 885 on 1949, but the number sanctioned but not commenced showed a decrease of 751 :—

District.	By Local Authority.				By private enterprise, Building Societies, etc.		
	Number of Permanent and Temporary Houses.				Number of houses completed and occupied during the year 1950.	Number partly completed during the year 1950.	Number for which plans were passed but not commenced during the year 1950
	Completed and occupied during the year 1950.	Partly completed during the year 1950.	Sanctioned but not commenced	Total completed and occupied since 1918.			
	(1)	(2)	(3)	(4)	(5)	(6)	(7).
Aberdare	145	30	58	1,054*	4	4	1
Barry Borough	134	162	—	1,687*	23	12	18
Bridgend	22	90	100	550*	24	14	46
Caerphilly	194	100	100	1,646	13	18	17
Cowbridge Borough	4	18	2	23	1	1	—
Gelligaer	10	146	146	906*	10	3	4
Glyncorrwg	76	—	86	569*	—	2	—
Llwchwr	38	46	160	980	—	5	18
Maesteg	29	12	—	502*	2	11	1
Mountain Ash	18	94	—	553*	—	1	1
Neath Borough	19	164	32	1,198*	2	9	8
Ogmore and Garw	—	20	30	613*	—	—	19
Penarth	66	113	20	454*	33	10	19
Pontypridd	26	107	—	1,038*	10	11	2
Porthcawl	4	46	114	166	13	7	12
Port Talbot Borough	38	515	20	1,767*	14	22	18
Rhondda	56	108	4	865*	2	3	6
Cardiff Rural	68	48	204	723	25	29	95
Cowbridge Rural	36	93	100	925*	7	7	10
Gower	36	64	40	206	4	8	19
Llantrisant and Llantwit Fardre	128	138	42	1,560*	7	10	46
Neath Rural	201	249	—	1,444*	11	15	—
Penybont	68	238	132	1,944*	28	16	18
Pontardawe	108	120	74	1,177	1	5	4
Totals	1,524	2,721	1,464	22,555	234	223	363

* Including flats and temporary dwellings.

The Glamorgan Joint County Committee on Rural Housing continued to function during the year. A considerable amount of information has been prepared by this Committee, and as the survey mentioned in my last report is to all intents complete, consideration will now have to be given to the question of the best use in which it can be applied.

STATISTICAL REVIEW, 1950.

The following table gives the birth rate, death rate, and infant mortality rate for England and Wales and the Administrative County of Glamorgan for the year 1950, and, for the purpose of comparison, quotes similar statistics for the years 1949 and 1930 :—

			Birth Rate.			Death Rate.			Infant Mortality Rate.		
			1950.	1949.	1930.	1950.	1949.	1930.	1950.	1949.	1930.
England and Wales			15.8	16.7	16.3	11.6	11.7	11.4	30	32	60
Administrative County of Glamorgan ..			16.2	17.1	16.8	12.8	12.2	10.7	39	40	69
Total Urban Districts			16.5	17.5	16.9	13.1	12.7	10.8	40	42	70
Total Rural Districts			15.2	16.1	16.4	12.0	10.7	10.3	35	36	65
Health Division.	Constituent Districts.										
Aberdare and Mountain Ash	Aberdare Urban ..	13.4	14.9	14.0	15.2	15.7	11.7	33	51	69	
	Mountain Ash Urban ..	16.2	17.0	17.6	13.9	14.1	11.0	49	46	70	
Caerphilly and Gelligaer	Caerphilly Urban ..	22.2	20.9	17.8	12.6	12.5	10.0	55	58	72	
	Gelligaer Urban ..	19.5	20.9	20.2	11.1	11.6	10.1	37	36	63	
Mid-Glamorgan	Bridgend Urban ..	16.8	18.3	15.0	9.7	10.8	10.3	38	32	21	
	Maesteg Urban ..	18.4	20.0	18.2	13.8	13.1	10.7	45	48	65	
	Ogmore & Garw Urban ..	15.6	18.8	17.0	13.8	12.5	9.5	45	31	87	
	Porthcawl Urban ..	13.2	14.8	12.9	12.9	15.1	11.7	24	7	35	
	Penybont Rural ..	15.8	17.6	16.2	11.6	8.9	9.9	44	23	68	
Neath and District	Neath Borough ..	15.7	15.9	16.8	13.6	11.8	11.9	28	43	53	
	Neath Rural ..	15.9	15.9	16.3	12.8	10.7	10.4	33	41	67	
Pontypridd and Llantrisant	Llantrisant & Llantwit Fardre Rural ..	18.7	18.8	20.9	12.6	11.7	9.9	34	38	63	
	Pontypridd Urban ..	15.3	17.3	17.1	13.1	13.3	10.4	52	41	67	
Port Talbot and Glyncoirwg	Glyncoirwg Urban ..	19.6	19.9	20.9	9.6	11.2	8.6	73	56	58	
	Port Talbot Borough ..	16.8	18.0	18.0	11.7	11.3	11.6	34	55	68	
South-East Glamorgan	Barry Borough ..	16.7	18.9	17.6	11.4	10.7	10.9	24	29	51	
	Cardiff Rural ..	12.4	12.0	14.1	10.6	10.0	9.7	30	30	58	
	Cowbridge Borough ..	10.1	12.3	8.9	15.6	9.6	12.4	—	—	—	
	Cowbridge Rural ..	16.0	22.8	16.8	7.6	9.0	9.6	35	32	63	
	Penarth Urban ..	15.5	16.2	13.3	13.0	11.8	9.8	24	27	41	
West Glamorgan	Gower Rural ..	14.4	15.7	14.3	14.5	11.2	11.7	37	39	55	
	Llchwyr Urban ..	14.2	13.8	16.8	11.2	10.6	9.1	33	20	87	
	Pontardawe Rural ..	14.0	14.4	15.8	14.2	13.2	10.8	35	51	64	
Rhondda ..	Rhondda Urban ..	16.1	16.7	16.1	14.7	13.8	11.2	46	43	85	

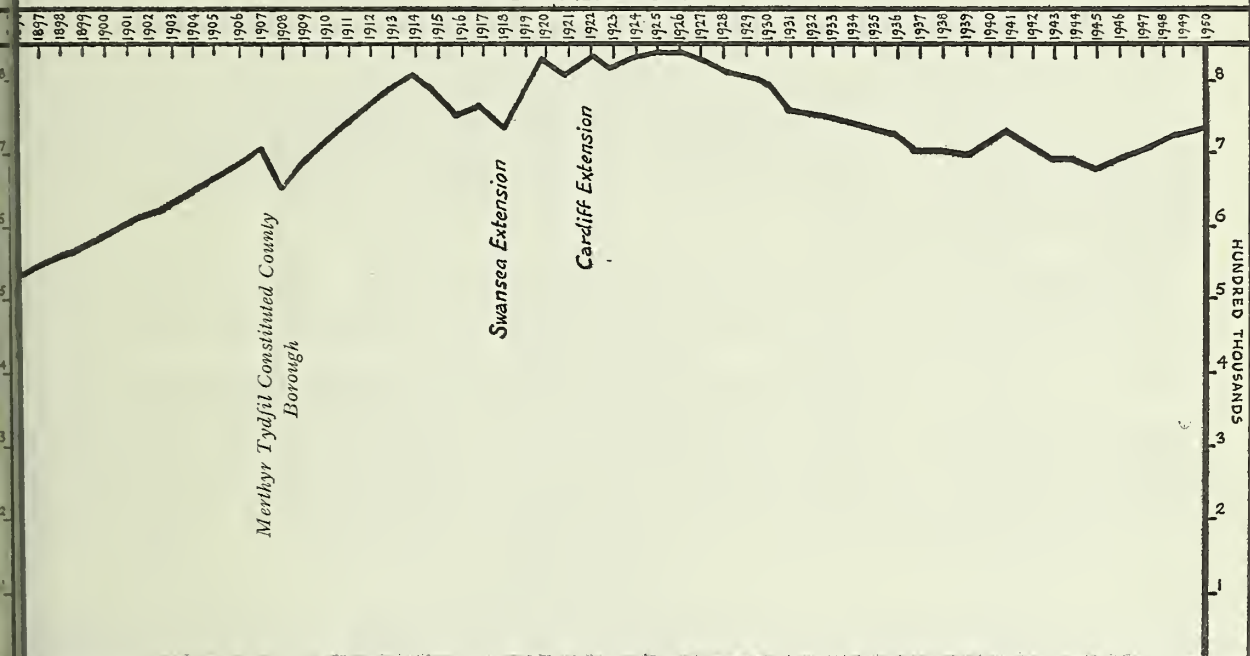
POPULATION.

The estimate of the Registrar-General gives the population of the Administrative County as 737,890 as compared with the 1949 estimate of 730,400.

Year	Population	Excess of Births over Deaths	Year	Population	Excess of Births over Deaths
1893	521,872	10,012	1931	766,141 (Census)	3,670
1903	631,398	13,137	1932	763,000	3,482
1913	791,208	14,363	1933	758,160	2,504
1914	802,752	14,047	1934	751,650	3,579
1915	777,430	12,266	1935	743,800	3,015
1916	752,619	11,485	1936	731,350	2,358
1917	766,990	10,236	1937	714,200	1,714
1918 *Swansea Extension	740,254	8,866	1938	708,500	1,982
1919	795,924	9,828	1939	709,500	1,746
1920	827,639	14,128	1940	716,400	2,077
1921	814,717 (Census)	14,015	1941	740,310	2,595
1922 *Cardiff Extension	838,064	10,006	1942	714,400	4,422
1923	827,900	10,656	1943	697,300	4,125
1924	839,500	10,294	1944	704,540	5,043
1925	843,400	8,898	1945	697,780	3,621
1926	843,100	8,213	1946	710,160	5,208
1927	837,000	5,366	1947	712,070	5,491
1928	812,200	5,748	1948	725,200	5,316
1929	809,200	4,582	1949	730,400	3,619
1930	809,200 Mid-year, 1929	4,921	1950	737,890	2,482

It will be seen that in 1950, as in 1949, the increase in population has been more than can be accounted for by the excess of births over deaths. No longer is the County of Glamorgan an area from which emigration of population is a feature, but is now an area to which people immigrate.

ADMINISTRATIVE COUNTY OF GLAMORGAN POPULATION



BIRTH AND DEATH RATES



— Glamorgan Rates per 1,000 Population.
 England and Wales Rates per 1,000 Population

The following miscellaneous statistical tables are inserted for purposes of comparison :—

BIRTHS.

	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.
Administrative County ..	15.6	16.3	16.7	18.2	18.4	19.4	18.1	19.4	20.8	18.9	17.1	16.2
England and Wales ..	15.0	14.6	14.2	15.8	16.5	17.6	16.1	19.1	20.5	17.9	16.7	15.8
Illegitimate birth-rate per 1,000 births—												
Administrative County ..	30	29	35	34	44	49	67	43	34	34	31	35
England and Wales ..	42	43	53	54	63	72	92	65	52	53	50	49

DEATH RATE.

	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.
Administrative County ..	13.1	13.4	12.9	12.1	12.4	12.3	12.9	12.1	13.1	11.6	12.2	12.8
England and Wales ..	12.1	14.3	13.2	11.6	12.1	11.6	11.4	11.5	12.0	10.8	11.7	11.6

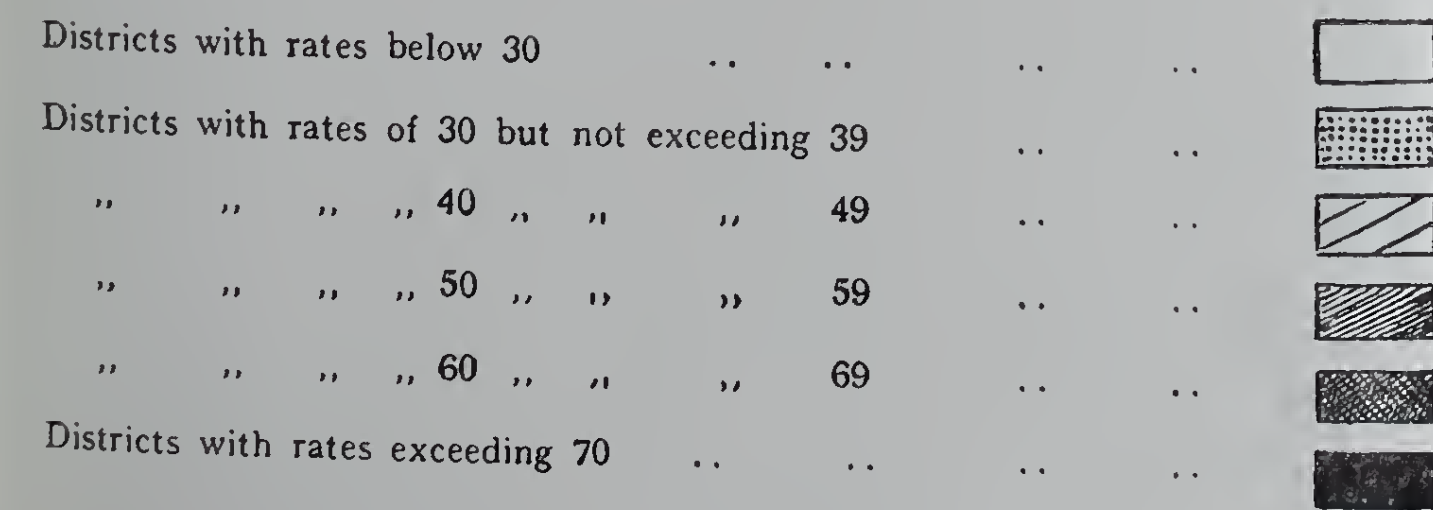
It will be seen that the birth rate continues to decline. The population, however, of the Administrative County has increased.

INFANT MORTALITY.

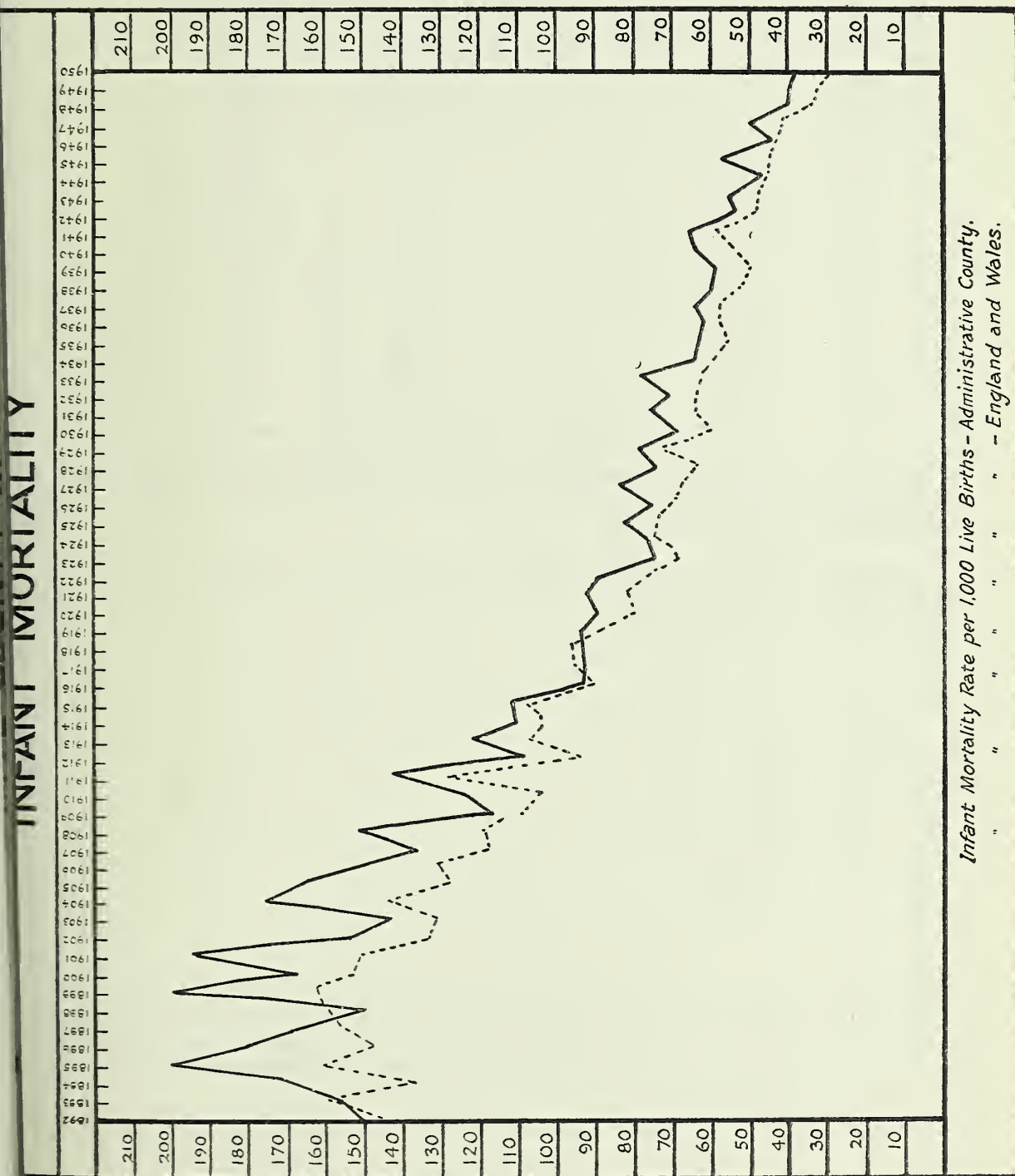
Year.	Deaths under one year per 1,000 Births.		Year.	Deaths under one year per 1,000 Births.	
	Glamorgan	England and Wales.		Glamorgan.	England and Wales.
1914.	112	105	1934.	65	59
1917.	94	96	1935.	64	57
1918.	95	97	1936.	63	59
1920.	90	80	1937.	65	58
1921.	93	83	1938.	60	53
1922.	90	77	1939.	60	50
1923.	75	69	1940.	65	55
1924.	77	75	1941.	67	59
1925.	83	75	1942.	55	49
1926.	76	70	1943.	56	49
1927.	86	69	1944.	48	46
1928.	75	65	1945.	58	46
1929.	80	74	1946.	45	43
1930.	69	60	1947.	51	41
1931.	77	66	1948.	41	34
1932.	72	65	1949.	40	32
1933.	79	64	1950.	39	30

The fall in infant mortality in the Administrative County since 1892 is clearly indicated in the graph on page 63.

Once again a new low record of infant mortality has to be reported. There is, however, no justification for complacency since the Glamorgan statistics are still higher than for England and Wales as a whole. Reference to the map of the County overleaf shows that in certain areas there appears to be an undue wastage of infant life.



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MATERNAL MORTALITY.

In 1950 there were 22 deaths of mothers due to child-bearing, giving a maternal mortality rate of 1·8 per 1,000 total births, as compared with the national rate of 0·86.

		Glamorgan.		England and Wales.
		Deaths.	Death rate per 1,000 total births.	Death rate per 1,000 total births.
1939	..	58	4·96	2·93
1940	..	51	4·15	2·16
1941	..	50	3·87	2·23
1942	..	46	3·39	2·01
1943	..	62	4·67	2·29
1944	..	51	3·59	1·93
1945	..	42	3·21	1·79
1946	..	33	2·31	1·43
1947	..	28	1·84	1·17
1948	..	30	2·27	1·02
1949	..	18	1·40	0·98
1950	..	22	1·80	0·86

Just as in the country as a whole, the 1950 figures are higher than those in 1948 or 1949. This is disappointing, but it is hoped that this will be merely a temporary arrest in the great progress which has been achieved since the pre-war years.

All maternal deaths are investigated with a view to determining the measures which might have proved effective in saving the mother's life.

ADMINISTRATIVE COUNTY OF GLAMORGAN MATERNAL MORTALITY



— Total Maternal Mortality per 1,000 total births.

INFECTIOUS DISEASES.

It is now three years since there was a death due to diphtheria in this County. This is very remarkable when one realises that as recently as in the year 1940 there were 98 deaths. Chief credit for this sudden improvement must be given to the preventive immunisation programmes. In 1950 there were only 25 cases as compared with 2,572 cases in 1940. There must, however, at present be no relaxation of the immunisation schemes.

These highly satisfactory statistics lead me to hope that diphtheria will in time join plague, cholera, and smallpox and be relegated to historical interest as killing diseases of any magnitude in this country.

	Diphtheria.			Whooping Cough.			Measles.		
	Glam. Deaths.	Rates per 100,000 Population.		Glam. Deaths.	Rates per 100,000 Population.		Glam. Deaths.	Rates per 100,000 Population.	
		Glam.	Eng. & Wales.		Glam.	Eng. & Wales.		Glam.	Eng. & Wales.
1900	484	76	163	232	36	35	525	83	39
1910	88	12	12	185	26	25	308	43	23
1920	167	20	15	105	13	5	330	39	19
1930	108	13	3	58	7	5	72	9	11
1940	98	14	6	13	2	2	18	3	2
1949	—	00	00	2	0·3	1	5	0·7	1
1950	—	00	00	8	1·1	0·4	5	0·7	0·8

The above table shows that measles and whooping cough are now of greater significance than diphtheria as causes of death and it is to be hoped that preventive measures in relation to these childhood infections will eventually become as effective as those against diphtheria and smallpox.

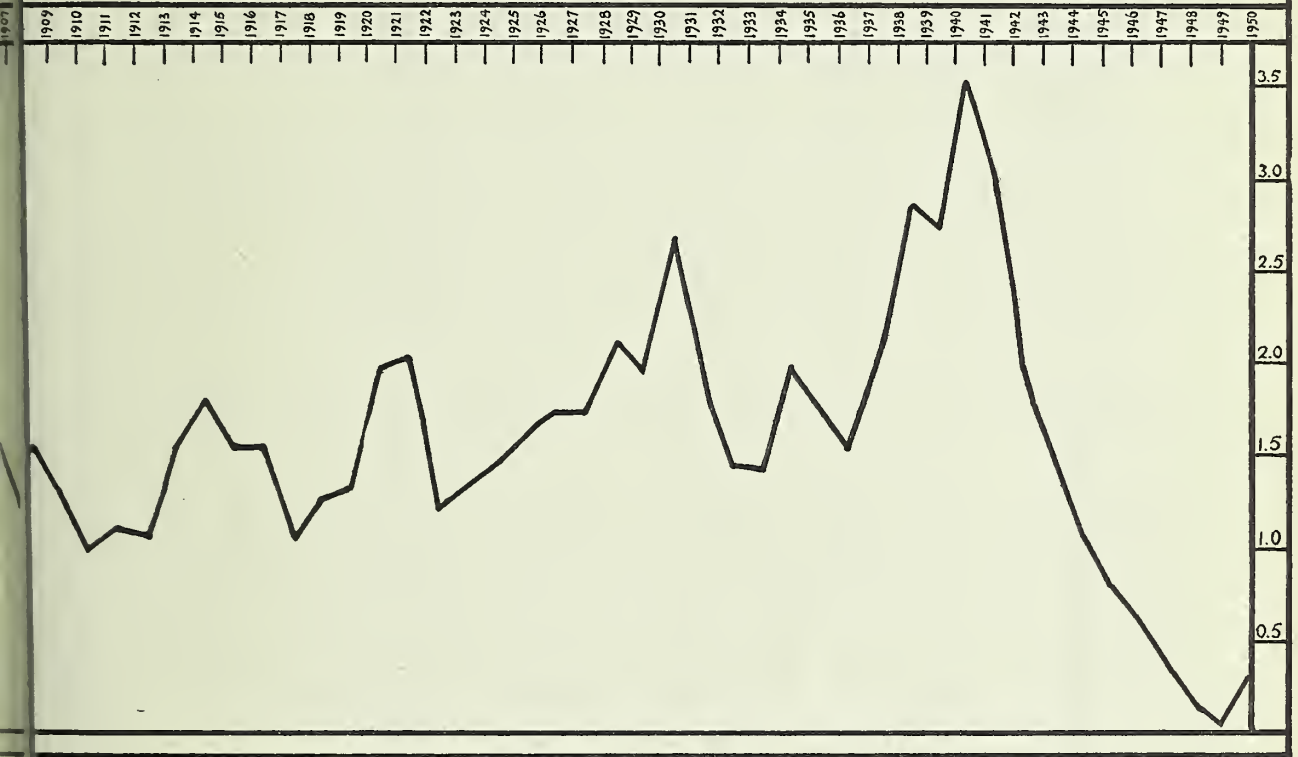
In August, 1950, a memorandum was received from the Welsh Board of Health regarding control of epidemic diseases, such as smallpox and enteric. This memorandum emphasises the need of co-operation between hospitals and medical officers of health by prompt transmission to the medical officers of health of information concerning actual or suspected cases in hospital. It also emphasises the desirability of hospital medical officers entering into consultation with the local medical officer of health on measures of prevention within hospital, as well as of the need to keep hospital authorities informed of the incidence of epidemic illness within the area.

So far as Glamorgan is concerned, there is good liaison between District Medical Officers of Health and Medical Superintendents of Hospitals within the area, and prompt notification was made during the year of cases of enteric fever occurring in hospital. There were 12 cases of typhoid and paratyphoid fever notified during the year.

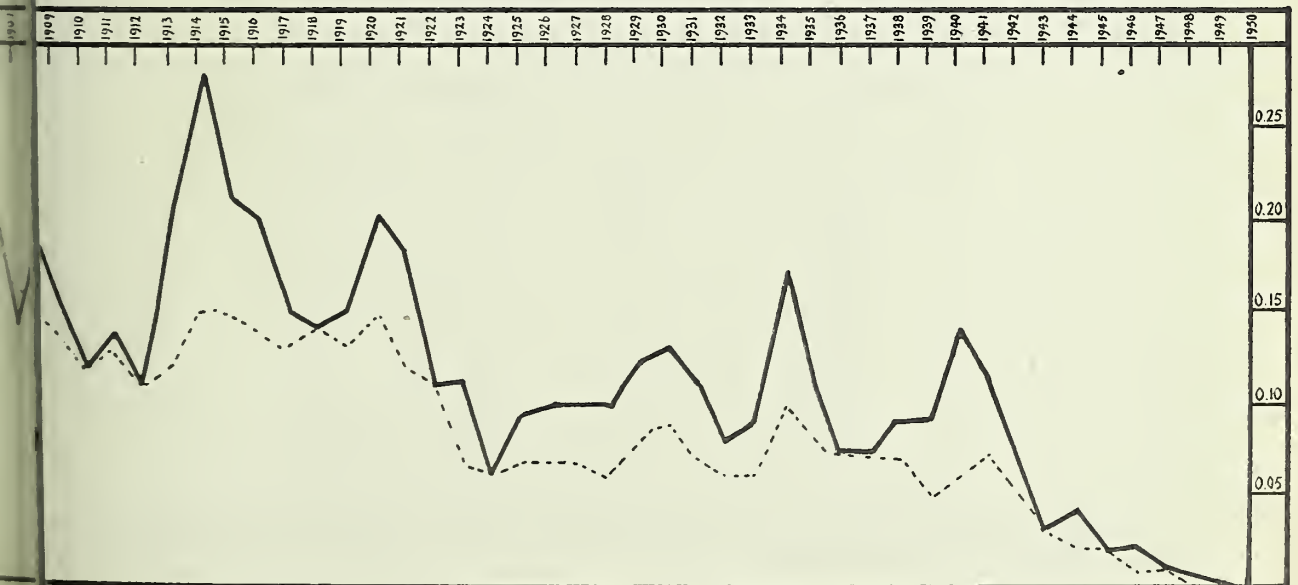
At the same time as some infectious diseases are disappearing there has been an increase in poliomyelitis in recent years. In 1950 there were more cases and more deaths due to this infectious disease than have been recorded in any previous year.

DIPHTHERIA

NOTIFICATION OF CASES



DEATHS



— Glamorgan Rates per 1,000 Population.
 - - - England and Wales Rates per 1,000 Population.

POLIOMYELITIS AND POLIOENCEPHALITIS.

TABLE I.—NOTIFICATIONS—RATES PER 100,000 POPULATION.

Year.	Cases.	Urban Rate.	Cases.	Rural Rate.	Total.	
					Cases.	Rate.
1920	3	0.5	—	0.0	3	0.4
1921	16	2.6	1	0.4	17	2.1
1922	8	1.3	1	0.4	9	1.1
1923	7	1.1	—	0.0	7	0.8
1924	13	2.1	2	1.0	15	1.8
1925	15	2.4	—	0.0	15	1.8
1926	11	1.7	2	0.9	13	1.5
1927	7	1.1	1	0.5	8	1.0
1928	5	0.8	—	0.0	5	0.6
1929	5	0.8	—	0.0	5	0.6
1930	7	1.2	1	0.5	8	1.0
1931	6	1.0	—	0.0	6	0.8
1932	3	0.5	—	0.0	3	0.4
1933	5	0.8	—	0.0	5	0.7
1934	8	1.4	2	1.1	10	1.3
1935	6	1.1	3	1.7	9	1.2
1936	3	0.5	—	0.0	3	0.4
1937	5	0.9	—	0.0	5	0.7
1938	13	2.5	17	9.5	30	4.2
1939	5	0.9	—	0.0	5	0.7
1940	25	4.7	5	2.7	30	4.2
1941	13	2.4	8	4.1	21	2.8
1942	7	1.3	2	1.1	9	1.3
1943	11	2.1	—	0.0	11	1.6
1944	7	1.3	2	1.1	9	1.3
1945	9	1.7	8	4.4	17	2.4
1946	3	0.6	1	0.5	4	0.6
1947	63	12.1	32	16.7	95	13.3
1948	25	4.7	7	3.6	32	4.4
1949	52	9.7	9	4.6	61	8.4
1950	57	10.6	48	23.9	105	14.2

TABLE II.—DEATHS.

Year.	Deaths.		
	Urban.	Rural.	Total.
1940	4	—	4
1941	6	2	8
1942	3	1	4
1943	—	1	1
1944	3	—	3
1945	1	1	2
1946	2	—	2
1947	2	2	4
1948	3	2	5
1949	6	—	6
1950	7	2	9

Deaths due to these diseases are comparatively few but I have, at present, no statistics of the residual crippling resulting from these diseases.

TABLE III.—AGE DISTRIBUTION OF NOTIFIED CASES, 1944-1950.

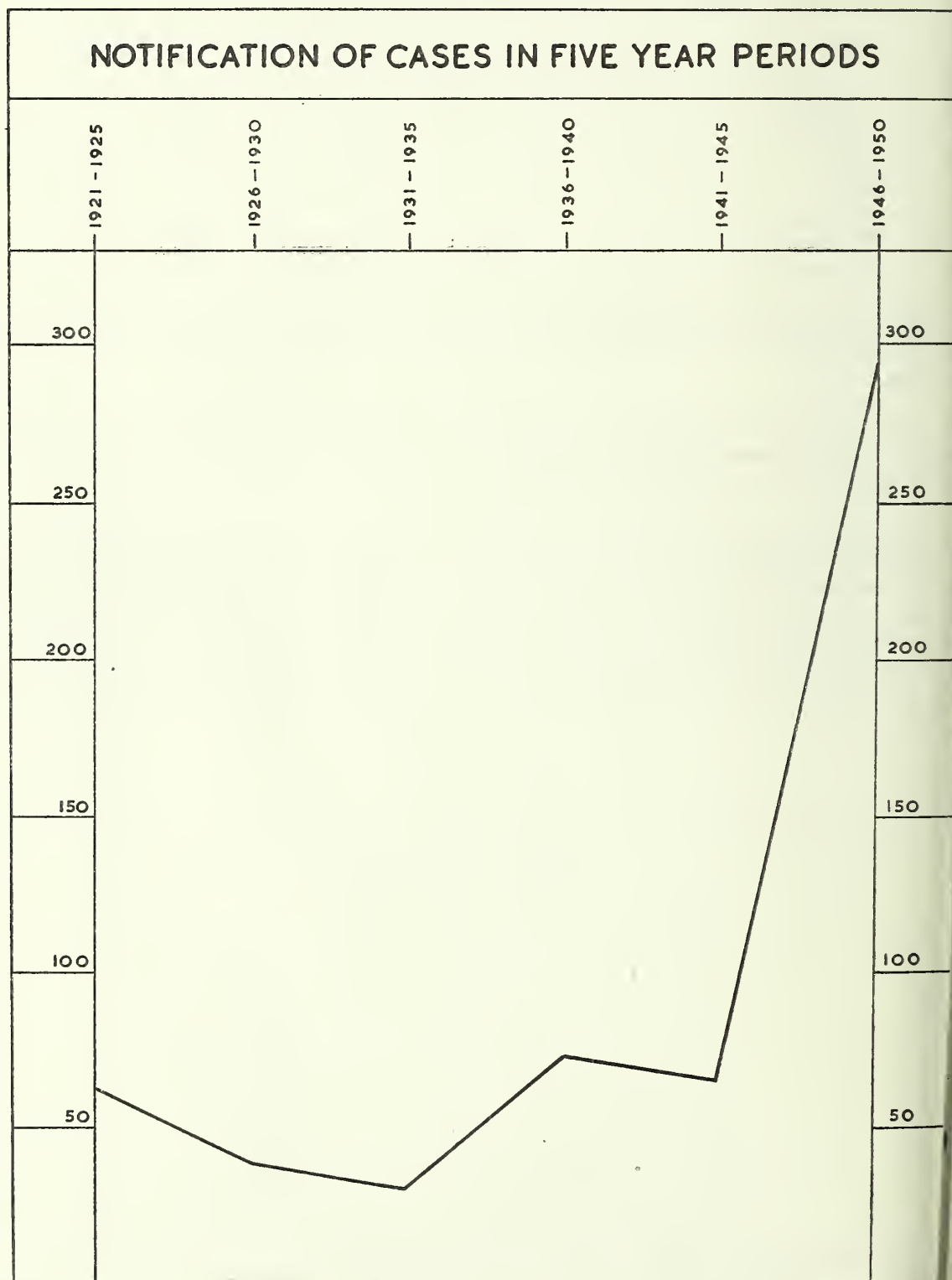
Age Group.	Cases Notified.						
	1944	1945	1946	1947	1948	1949	1950
0-1 year	1	2	—	4	3	10	6
1-3 years	1	3	2	23	8	20	28
3-5 „	2	2	—	24	6	8	14
5-10 „	3	3	—	21	5	10	21
10-15 „	2	4	1	5	2	1	14
15-25 „	—	1	1	9	6	2	11
25 years and over ..	—	2	—	9	2	10	11

Table III shows the age distribution of the cases which have occurred in Glamorgan. It is apparent that "Infantile Paralysis" is a misnomer, since in 1950 more than half the cases were in patients over five years of age.

The high incidence of this disease in recent years is a matter of considerable concern. Numerically the deaths are not numerous but an additional factor of great importance is that some of the cases have paralyses which remain as permanent handicaps.

Little progress has been made in the prevention of the disease and this is in part due to the doubt as to the method of spread. Its maximum incidence is in the late summer, a period of the year associated with the alimentary method of spread, but there are clinical findings which suggest that airborne spread must be considered as a possibility. Maybe both routes of infection are involved. Active study is being made concerning the relationship of the disease with trauma, including inoculations. Excessive fatigue may be another aetiological factor and in this respect parents should be instructed so that their children do not get excessively tired in the long summer days and that they have adequate hours of rest and sleep.

POLIOMYELITIS AND POLIOENCEPHALITIS



TUBERCULOSIS.

TABLE I.—NOTIFICATIONS.

Year.	Pulmonary.		Non-Pulmonary.	
	Notification.	Rate per 1,000 Population.	Notification.	Rate per 1,000 Population.
1938	842	1·19	345	0·48
1939	844	1·19	310	0·44
1940	975	1·36	332	0·46
1941	933	1·26	355	0·48
1942	934	1·31	322	0·45
1943	991	1·42	356	0·51
1944	1,186	1·68	284	0·40
1945	1,010	1·45	283	0·41
1946	894	1·26	243	0·34
1947	894	1·26	229	0·32
1948	916	1·26	228	0·31
1949	919	1·25	225	0·31
1950	923	1·25	196	0·27

TABLE II.—DEATHS.

Year.		Pulmonary.					Non-Pulmonary.			
	Total Deaths in Glam.	Death Rate per 1,000 population.				Total Deaths in Glam.	Death Rate per 1,000 population.			
		Urban.	Rural.	Total Glam.	England and Wales.		Urban.	Rural.	Total Glam.	England and Wales.
1938	491	0·73	0·59	0·69	0·53	105	0·16	0·10	0·15	0·10
1939	469	0·74	0·42	0·66	0·53	83	0·14	0·05	0·12	0·10
1940	477	0·70	0·57	0·67	0·58	119	0·18	0·12	0·17	0·11
1941	492	0·71	0·54	0·66	0·60	107	0·15	0·12	0·14	0·12
1942	447	0·68	0·48	0·63	0·54	94	0·13	0·12	0·13	0·11
1943	468	0·74	0·49	0·67	0·56	105	0·15	0·14	0·15	0·11
1944	454	0·68	0·55	0·64	0·52	111	0·15	0·18	0·16	0·10
1945	416	0·64	0·49	0·60	0·52	92	0·15	0·09	0·13	0·10
1946	432	0·65	0·49	0·61	0·46	77	0·10	0·12	0·11	0·08
1947	432	0·62	0·56	0·61	0·47	83	0·13	0·09	0·12	0·08
1948	393	0·54	0·55	0·54	0·44	61	0·08	0·09	0·08	0·07
1949	399	0·59	0·43	0·55	0·40	42	0·05	0·08	0·06	0·05
1950	325	0·47	0·37	0·44	0·32	58	0·07	0·10	0·08	0·04

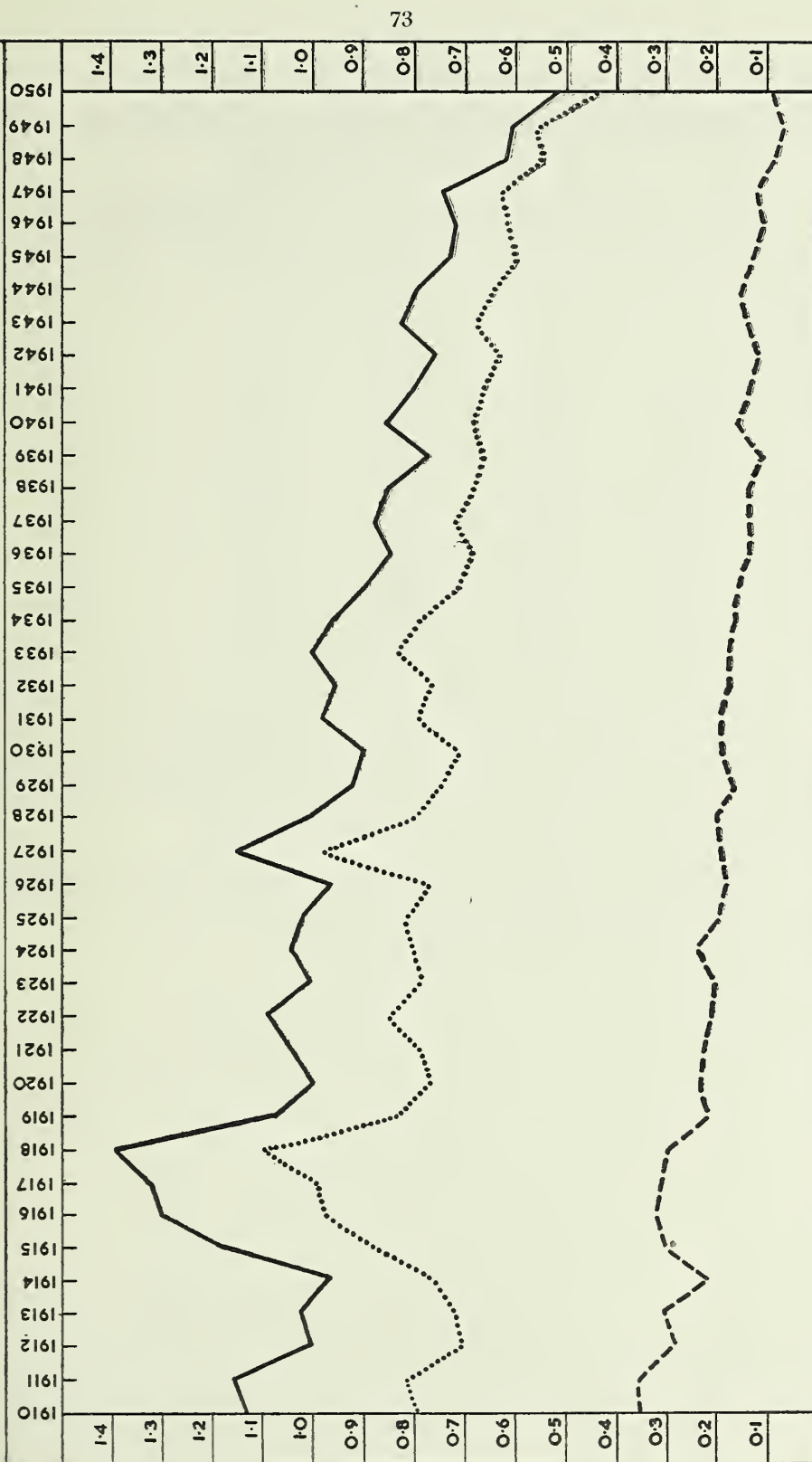
Statistics relating to tuberculosis show steady progress, but the rates for the County are less satisfactory than those for the whole country. The number of deaths from respiratory tuberculosis, particularly in the urban districts, show a marked reduction from 399 to 325, and the death rate for the whole county was the lowest yet recorded, namely, 0.44 per 1,000 population. The prognosis for patients suffering from this complaint, of which there were 923 notifications in 1950, has never been better, due to the improvements in treatment which have taken place in recent years.

Non-pulmonary tuberculosis notifications also show a marked reduction, being under 200 as compared with an average of over 300 prior to 1944.

In the crusade against tuberculosis an important experiment was commenced by the Pneumoconiosis Research Unit of the Medical Research Council. The experiment is confined to the townships in the Rhondda Fach and is known as the Rhondda Experiment. It will last for five years and involves an inquiry into the extent to which pneumoconiosis may be attributable to a combination of infection by the tubercle bacillus and the effect of dust on the lungs.

The County Health Committee and the Rhondda Divisional Health Committee are collaborating in the experiment, and a specially appointed health visitor has been attached to the Research Unit for special inquiry work.

ADMINISTRATIVE COUNTY OF GLAMORGAN TUBERCULOSIS DEATH RATES



————— TUBERCULOSIS (ALL FORMS) DEATH RATE PER 1,000 POPULATION
 PULMONARY TUBERCULOSIS " " "
 - - - - - NON-PULMONARY TUBERCULOSIS " " "

CANCER.

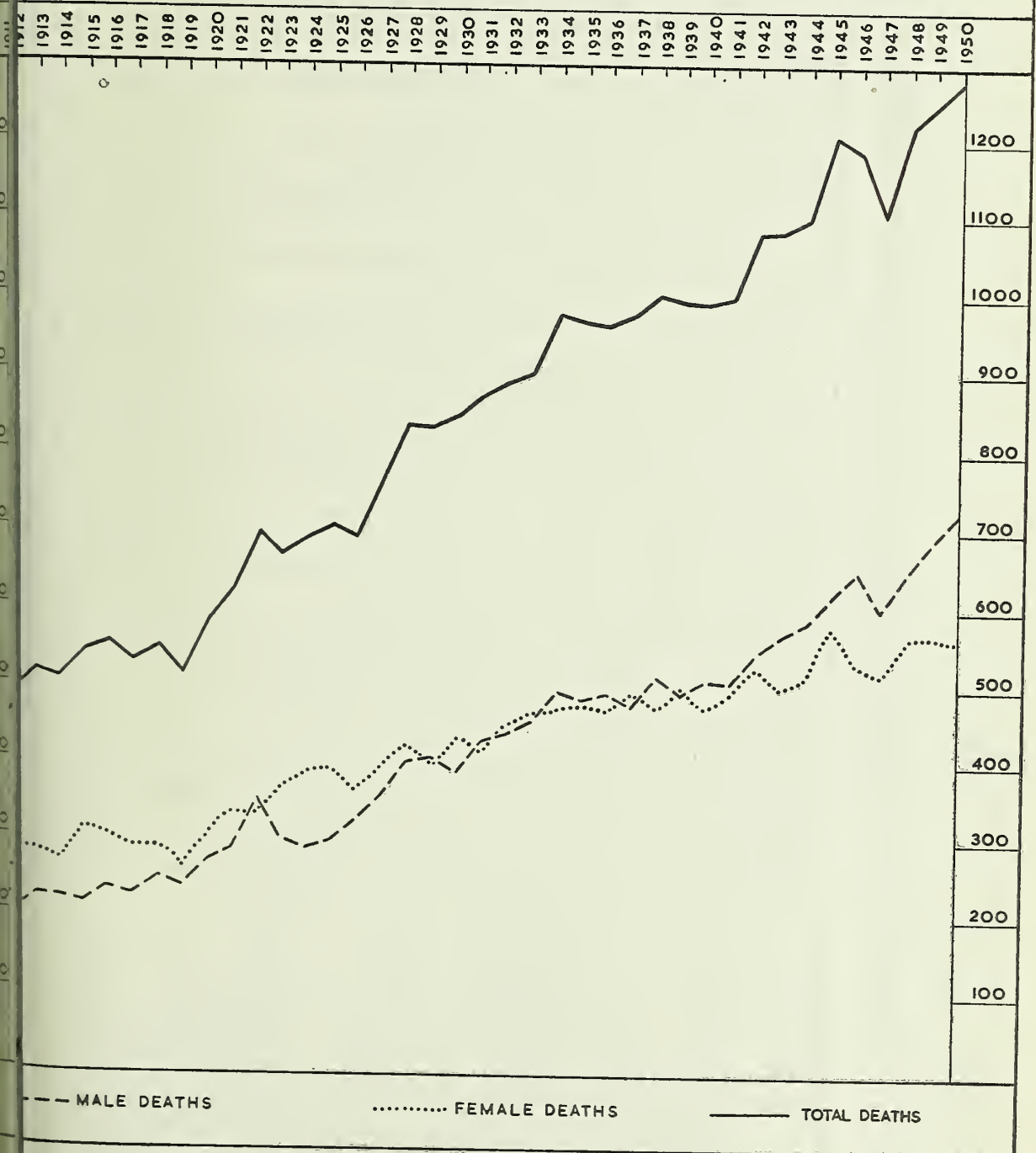
The following table shows the number of deaths in the Administrative County :—

Year.	Deaths in Glamorgan.			Crude Death Rate per 100,000 Population.	
	Male.	Female.	Total.	Glamorgan.	England and Wales.
1900	—	—	278	44	83
1910	—	—	435	61	97
1920	279	310	589	71	110
1930	396	444	840	104	145
1940	517	476	993	139	172
1941	511	489	1,000	135	178
1942	545	535	1,080	151	183
1943	569	511	1,080	155	190
1944	583	521	1,104	156	190
1945	626	583	1,209	173	193
1946	653	541	1,194	168	185
1947	605	534	1,139	160	185
1948	660	566	1,226	169	186
1949	687	567	1,254	172	187
1950	727	559	1,286	174	210

Although these figures tend to show an increase in the deaths recorded as due to cancer, the figure should not be viewed with despondency. Death certification has become more accurate due to better diagnostic facilities and there has been an increase in the proportion of people in the older age groups, when cancer is more liable to occur. These two factors tend to distort the picture.

There is no doubt that the treatment of cancer has never been so successful as it is to-day. Early diagnosis followed, without delay, by treatment affords a good prospect of cure and this is particularly so in the case of women.

ADMINISTRATIVE COUNTY OF GLAMORGAN CANCER DEATHS



CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY
OF GLAMORGAN DURING THE YEAR 1950.

Causes of Death.	0-1 year.		1-5 years.		5-15 years.		15-25 years.		25-45 years.		45-65 years.		65-75 years.		75 and upward.		All ages.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Tuberculosis—Respiratory ..	—	—	3	1	—	—	3	36	66	69	74	32	29	5	—	—	180	145
Tuberculosis—Other ..	—	3	11	7	—	2	6	6	9	7	5	2	—	—	—	—	31	27
Syphilitic Disease ..	2	—	—	—	3	—	—	—	2	—	11	1	3	1	1	—	19	2
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	1	6	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	6
Acute Poliomyelitis ..	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	2	4
Meningococcal Infections ..	—	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—	5	4
Measles ..	1	1	1	2	1	—	1	—	—	—	—	—	—	—	—	—	2	3
Other Infective and Parasitic Disease ..	—	—	1	1	4	—	—	—	2	1	—	—	1	—	—	—	8	12
Malignant Neoplasm—Stomach ..	—	—	—	—	—	—	—	—	9	2	73	34	63	36	34	34	181	110
Malignant Neoplasm—Lung Bronchus ..	—	—	—	—	—	—	—	—	11	9	74	9	33	9	9	14	127	14
Malignant Neoplasm—Breast ..	—	—	—	—	—	—	—	—	—	12	1	46	23	—	18	1	99	99
Malignant Neoplasm—Uterus ..	—	—	—	—	—	—	—	—	—	6	—	42	14	—	5	—	—	67
Other Malignant and Lymphatic Neoplasms ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leukaemia—Aleukaemia ..	—	—	2	1	2	2	4	—	27	17	130	100	156	99	63	418	269	269
Diabetes ..	—	—	—	—	1	1	3	—	3	2	5	6	2	1	1	17	15	15
Vascular Lesions of Nervous System ..	—	—	—	—	—	—	—	—	2	2	7	14	10	7	13	26	53	53
Coronary Disease—Angina ..	—	—	—	—	—	—	—	—	4	5	110	136	210	218	258	542	596	596
Hypertension with Heart Disease ..	—	—	—	—	—	—	—	—	18	2	259	86	227	153	84	657	266	266
Other Heart Disease ..	—	—	—	—	—	—	—	—	2	2	45	26	55	49	43	151	108	108
Other Circulatory Disease ..	—	—	1	—	4	—	8	9	29	36	137	129	242	403	445	824	867	867
Influenza ..	—	3	—	—	—	—	—	—	3	6	26	11	55	30	76	162	124	124
Pneumonia ..	1	—	—	1	—	—	—	—	3	4	16	7	9	17	9	47	29	29
Bronchitis ..	21	27	4	3	2	1	1	1	6	4	38	22	29	26	27	127	103	103
Other Diseases of Respiratory System ..	7	11	2	3	—	—	—	—	9	4	127	22	132	122	101	399	208	208
Ulcer of Stomach and Duodenum ..	3	1	—	4	1	—	1	—	15	3	128	3	71	21	7	240	21	21
Gastritis, Enteritis, and Diarrhoea ..	—	—	—	—	—	—	—	—	12	2	23	6	15	6	5	58	10	10
Nephritis and Nephrosis ..	19	10	2	3	—	—	—	—	3	3	2	4	5	4	5	32	28	28
Hyperplasia of Prostate ..	—	—	—	—	2	—	3	3	16	15	24	20	16	27	12	88	74	74
Pregnancy, Childbirth, Abortion ..	—	—	—	—	—	—	—	—	—	18	11	—	31	68	—	110	—	—
Congenital Malformations ..	34	24	2	1	3	—	—	—	3	3	2	4	—	—	—	49	33	33
Other defined and ill-defined diseases ..	160	114	10	11	12	11	8	12	35	28	85	119	82	202	252	594	644	644
Motor vehicle accidents ..	—	—	3	4	10	3	4	—	13	4	13	—	1	1	—	44	13	13
All other accidents ..	6	9	6	6	9	1	16	4	58	7	43	7	17	17	37	172	84	84
Suicide ..	—	—	—	—	—	—	3	1	6	7	17	15	4	2	1	32	25	25
Homicide and operations of war ..	—	1	—	—	—	—	—	—	—	—	2	1	—	—	1	2	4	4
All causes ..	255	212	50	50	58	28	63	81	364	272	1,488	908	1,500	1,571	1,495	5,349	4,089	4,089

NOTIFICATION OF INFECTIOUS DISEASES.

		SMALLPOX			SCARLET FEVER			DIPHTHERIA (Includes Mem. Croup)			ENTERIC FEVER		PARA- TYPHOID		ERYSIPELAS		PULMONARY TUBERC'LOSIS		NON- PULMONARY TUBERC'LOSIS		PUERPERAL PYREXIA		Ophthalmia Neonatorum	ACUTE PNEUMONIA		MEASLES		WHOOPIING COUGH		ACUTE ENCEPHAL- ITIS		Dysentery	Meningococcal Infection	Malaria	ACUTE POLIO- MYELITIS		Food Poisoning
		Cases	Rate	Hos- pital	Cases	Rate	Hos- pital	Cases	Rate	Hos- pital	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate per 1,000 Live Births		Cases	Rate	Cases	Rate	Cases	Rate	Infective	Post Infective				Paralytic	Non- paralytic	
ADMINISTRATIVE COUNTY		—	—	—	1244	1.69	673	25	0.03	24	6	0.008	6	0.008	99	0.13	923	1.25	196	0.27	28	2.35	9	539	0.73	6461	8.76	1061	1.44	3	—	87	35	1	79	26	48
URBAN DISTRICTS		—	—	—	1036	1.93	584	16	0.03	15	3	0.006	6	0.01	77	0.14	684	1.27	136	0.25	27	3.04	8	438	0.81	5032	9.37	785	1.46	3	—	68	30	1	44	13	45
RURAL DISTRICTS		—	—	—	208	1.04	89	9	0.04	9	3	0.01	—	—	22	0.11	239	1.19	60	0.30	1	0.33	1	101	0.50	1429	7.12	276	1.38	—	—	19	5	—	35	13	3
Health Division.	Constituent Districts.																																				
Aberdare and Mountain Ash	Aberdare Urban	—	—	—	90	2.19	15	2	0.05	2	—	—	1	0.002	4	0.10	51	1.24	12	0.29	2	3.65	—	32	0.78	128	3.12	23	0.56	1	—	2	8	—	1	—	16
	Mountain Ash Urban	—	—	—	66	2.08	8	3	0.09	3	—	—	—	—	2	0.06	44	1.39	6	0.19	—	—	—	42	1.32	434	13.67	36	1.13	1	—	—	1	—	3	—	—
Caerphilly and Gelligaer	Caerphilly Urban	—	—	—	30	0.87	2	1	0.03	1	—	—	—	—	5	0.14	39	1.13	4	0.12	1	1.30	—	26	0.75	434	12.54	3	0.09	—	—	2	3	—	—	—	—
	Gelligaer Urban	—	—	—	127	3.49	15	—	—	—	—	—	—	—	9	0.25	45	1.24	8	0.22	2	2.82	1	8	0.22	333	9.15	2	0.05	—	—	—	—	3	1	1	
Mid-Glamorgan	Bridgend Urban	—	—	—	10	0.71	4	—	—	—	—	—	4	0.28	1	0.07	8	0.57	6	0.43	—	—	—	1	0.07	79	5.61	14	1.0	—	—	1	—	—	4	1	—
	Maesteg Urban	—	—	—	44	1.91	39	—	—	—	—	—	—	—	10	0.43	31	1.34	6	0.26	1	2.35	1	42	1.82	600	26.03	1	0.04	—	—	2	1	—	2	1	—
	Ogmore and Garw Urban	—	—	—	87	3.85	78	—	—	—	2	0.09	—	—	7	0.31	23	1.02	11	0.49	2	5.67	—	39	1.72	241	10.65	90	3.98	—	—	13	—	—	7	—	4
	Porthcawl Urban	—	—	—	10	1.06	6	—	—	—	—	—	—	—	1	0.11	9	0.95	—	—	—	—	—	—	—	52	5.50	15	1.59	—	—	—	—	—	3	1	—
	Penybont Rural	—	—	—	31	0.90	12	—	—	—	—	—	—	—	2	0.06	37	1.08	15	0.44	—	—	—	5	0.15	90	2.62	6	0.17	—	—	—	1	—	4	1	—
Neath and District	Neath Borough	—	—	—	18	0.56	11	8	0.25	7	—	—	—	—	1	0.03	38	1.18	11	0.34	1	1.97	—	7	0.22	203	6.30	19	0.59	—	—	5	1	—	2	—	—
	Neath Rural	—	—	—	58	1.40	21	8	0.19	8	—	—	—	—	3	0.07	63	1.52	16	0.39	—	—	—	39	0.94	381	9.19	18	0.43	—	—	—	—	8	1	—	
Pontypridd and Llantrisant	Llantrisant and Llantwit Fardre Rural	—	—	—	50	1.96	24	—	—	—	2	0.08	—	—	5	0.20	42	1.65	11	0.43	1	2.10	—	9	0.35	354	13.88	55	2.16	—	—	—	—	—	2	3	1
	Pontypridd Urban	—	—	—	69	1.76	62	—	—	—	—	—	—	—	4	0.10	53	1.35	9	0.23	3	5.00	3	3	0.08	523	13.34	110	2.80	—	—	—	1	—	1	—	
Port Talbot and Glyncoirwg	Glyncoirwg Urban	—	—	—	20	2.18	13	1	0.11	1	—	—	—	—	1	0.11	13	1.42	4	0.44	1	5.59	1	15	1.64	46	5.02	3	0.33	—	—	—	—	—	1	1	—
	Port Talbot Borough	—	—	—	92	2.09	73	1	0.02	1	—	—	—	—	5	0.11	58	1.32	16	0.36	—	—	—	17	0.39	387	8.79	58	1.32	—	—	—	4	—	1	1	—
South-East Glamorgan	Barry Borough	—	—	—	56	1.33	20	—	—	—	—	—	—	—	7	0.17	54	1.28	8	0.19	5	7.09	—	37	0.88	51	1.21	211	5.01	1	—	4	4	1	2	2	10
	Cardiff Rural	—	—	—	42	1.13	22	—	—	—	1	0.03	—	—	6	0.16	29	0.78	2	0.05	—	—	—	18	0.48	299	8.02	93	2.50	—	—	14	3	—	2	1	1
	Cowbridge Borough	—	—	—	1	0.92	—	—	—	—	—	—	—	—	—	—	—	—	1	0.92	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Cowbridge Rural	—	—	—	8	0.44	4	—	—	—	—	—	—	—	—	—	18	1.00	4	0.22	—	—	—	3	0.17	15	0.83	56	3.10	—	—	5	1	—	3	1	1
	Penarth Urban	—	—	—	34	1.85	14	—	—	—	1	0.05	1	0.05	2	0.11	18	0.98	3	0.16	—	—	1	58	3.15	186	10.10	54	2.93	—	—	31	4	—	2	3	4
West Glamorgan	Gower Rural	—	—	—	6	0.53	3	1	0.09	1	—	—	—	—	3	0.26	11	0.96	3	0.26	—	—	—	2	0.18	39	3.42	21	1.84	—	—	—	—	—	7	2	—
	Llwcbr Urban	—	—	—	97	3.79	93	—	—	—	—	—	—	—	8	0.31	20	0.78	5	0.20	4	11.02	—	3	0.12	87	3.40	3	0.12	—	—	—	—	—	4	—	—
	Pontardawe Rural	—	—	—	13	0.40	3	—	—	—	—	—	—	—	3	0.09	39	1.19	9	0.28	—	—	—	25	0.76	251	7.69	27	0.83	—	—	—	—	—	9	4	—
Rhondda	Rhondda Urban	—	—	—	185	1.65	131	—	—	—	—	—	—	—	10	0.09	180	1.60	26	0.23	5	2.77	2	108	0.96	1248	11.11	143	1.27	—	—	8	3	—	8	1	10



VITAL STATISTICS, ETC., 1950.

[illegible]

